



2022 Enrollment Bulletin

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 annual benefits enrollment period takes effect January 1, 2022, and continues through December 31, 2022, unless you experience a [qualified status change](#) during the year.

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Actions to take: At a glance

Action to take	By this 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)	Wellness Screening and Assessment Toolkit
<ul style="list-style-type: none"> Enroll for your 2022 benefits online using the Benefits Web Center (found on My Health). 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"> What's new in 2022 A checklist of the benefits decisions you'll need to consider as you get ready to enroll Tools to help you compare and choose your benefits How to enroll for your benefits What happens if you don't enroll Questions? Contact HR Answers.
Review and update your personal information .	Keep this updated with any changes throughout the year.	<ul style="list-style-type: none"> Check the Dependent Eligibility Requirements to determine who you can cover under your benefits. 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 1-877-576-2427, Option 2, Option 9 (U.S. toll free). Or, you can send a message to HR Answers on me@ipmc.

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Action to take	By this date	Details
		<ul style="list-style-type: none"> 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 My Health > Online Beneficiary Designation Site.
Complete 2021 Additional Wellness Activities to maximize the amount you can earn in your 2021 Medical Reimbursement Account (MRA).	December 31, 2021	If you're currently enrolled in the JPMC Medical Plan, see the 2021 MRA Action Plan .

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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 covered 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 \$100 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 \$50 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 \$100 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 enrolled members)
<ul style="list-style-type: none"> Go to My Health¹ > Schedule your Wellness Screening to access the Wellness Screening Portal. Your spouse/domestic partner can go to my.questforhealth.com (They'll use their username/password if they already have an account, or create their own account using registration key "JPMC."). <p>Use the Wellness Screening Portal to schedule your appointment at an onsite screening event or JPMC Health & 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 My Health¹ > How to complete your biometric Wellness Screening.</p>	<ul style="list-style-type: none"> Go to My Health¹ > Complete your Wellness Assessment. Or go directly to mycigna.com. <p>For more information about the Wellness Assessment and registering on mycigna.com, go to My Health¹ > How to complete your online Wellness Assessment with Cigna.</p>

¹How to get to **My Health**:

- From Work: Type "[go/myhealth](#)" into your intranet browser.
- From Home: Go to 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 2022.¹
- 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 \$100 in their 2021 MRA **and** \$100 in their 2022 MRA. Covered spouses/domestic partners will earn \$50 in the employee's 2021 MRA and \$50 in the employee's 2022 MRA.
- 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.

¹You 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.

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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**.)

Path A or B?

Throughout the year, you are rewarded each month for the healthy actions you take along your Wellness Incentive Path (A or B). Your path for 2022 will be determined as follows:

- If you complete a Wellness Screening by November 19, 2021, your results will be used to determine the Wellness Incentive Path you follow for 2022.
 - Along Path A, the goal is to track your activity for at least 20 days each month to earn the monthly incentive.*
 - Along Path B, the goal is to complete at least two health coaching activities each month to earn the monthly incentive.*
- If you do not complete a Wellness Screening by November 19, 2021, you will remain on your current path.
- If you are newly eligible for benefits in 2021 and 2022, you'll follow Path A.

The path you are on as of January 1, 2022, will stay in effect for the remainder of the calendar year.

The above rules also independently apply to your covered spouse/domestic partner.

**For each month you reach the activity goal(s) for your path, you'll earn \$45 in your MRA (up to \$540) plus \$22.50 (up to \$270) for each month your covered spouse/domestic partner does the same.*

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Don't forget about your 2021 MRA funds!

Remember, you and your covered spouse/domestic partner have until December 31, 2021, to maximize your earnings in your 2021 Medical Reimbursement Account (MRA).

Along Path A, the goal is to complete an activity goal at least 20 days each month to earn \$45 per month in your 2021 MRA (plus \$22.50 per month when your covered spouse/domestic partner does the same).

Along Path B, the goal is to actively participate in health coaching activities each month to earn \$45 per month in your 2021 MRA (plus \$22.50 per month when your covered spouse/domestic partner does the same).

There's more to earn...

For each quarter you complete meQuilibrium activities to earn one gold badge, you'll earn \$25 **per** quarter up to \$100 in your 2021 MRA (plus \$12.50 per quarter up to \$50 when your covered spouse/domestic partner does the same).

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

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What's new in 2022

No major changes to the Medical Plan

For 2022, 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.

2022 benefits changes and enhancements

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](#)
- **Prescription Drug Plan:** 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.
- Beginning January 1, 2022, if you are enrolled in the JPMC Simplified Medical Plan and move to a state other than Arizona or Ohio during the calendar year, you'll automatically be enrolled in the JPMC Core 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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- 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 17.
- 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 21.

Marsh McLennan Agency offers these new services at no cost:

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

See page 21 for details.

Exciting news for employees in Columbus, Ohio!

A few months ago, you may have read about an investment that Morgan Health — a business unit within JPMorgan Chase focused on employer-sponsored health care — made in Vera Whole Health (Vera). Vera is focused on changing the way patients engage with the health care system, and a big part of this is empowering primary care doctors to be at the center of delivering your health care. In Columbus, we will be delivering Vera's services to our employees through a partnership with Central Ohio Primary Care (COPC). We are working with Vera and COPC on the details now. Stay tuned for more information about health and wellness-related offerings through Vera coming later this year!

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 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

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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@ipmc](#) information websites for COVID-19, Vaccine and Return to the Office. Or you can send a message to HR Answers on [me@ipmc](#).

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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 — JPMC offers two medical plan options administered by two health care companies. Both 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.

JPMorgan Chase generally pays about 75% of the cost of the Medical Plan, which includes Option 1 and Option 2. 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.

In 2022, both medical plan options 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 copayments.
- The same flat-fee copays.
- No in-network deductibles or coinsurance.
- The same types of covered medical services.
- No need to designate a primary care physician (PCP), and no specialist referrals required.

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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"/> Option 1 <input type="checkbox"/> Option 2	<input type="checkbox"/> Aetna <input type="checkbox"/> Cigna	<input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren)	<input type="checkbox"/> Automatic claim payment <input type="checkbox"/> Debit card
What you need to know	What you need to know	What you need to know	What you need to know
<p>Option 1 has higher payroll contributions, but lower copays and annual out-of-pocket maximums.</p> <p>Option 2 has lower payroll contributions, but higher copays and annual out-of-pocket maximums.</p> <p>Otherwise, both options provide the same coverage.</p> <p>For helpful Tip Sheets, see My Health > 2022 Benefits Resources.</p> <p>For full details about how the Medical Plan works and the covered services it provides, go to jpmcbenefitsguide.com.</p>	<p>Go directly to http://aetna-jpmc.com/simplified and www.jpmc.cigna.com/simplified to search for providers in their networks, and see the tools and resources each provides. Note: <i>Your current health care company will carry over to 2022 unless you elect to change it this enrollment period.</i> CVS Caremark will manage your prescription drug benefit regardless of which health care company or plan option you choose.</p>	<p>You will be asked to provide proof that your dependent(s) meets the rules outlined in the Tip Sheet Dependent Eligibility Requirements.</p>	<p>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 MRA, HCSA and Payment Options.</p>
<p>Keep in mind:</p> <ul style="list-style-type: none"> Your current health care company will carry over to 2022, unless you elect to change it during this enrollment period. 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 your provider(s) changes networks during the year, you cannot make mid-year health care company changes. 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 23), number of dependents you are covering, whether you/your covered spouse/domestic partner uses tobacco and your regional cost category. See “Save on payroll contributions” on page 16. 			

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JPMC's Prescription Drug Plan is part of the JPMC Medical Plan and is administered by CVS Caremark. You won't need to make a separate election for prescription drug coverage; it's covered by the Medical Plan election you make. Here are some of the key features of the Prescription Drug Plan:

- There is no deductible for prescription drug coverage. Your prescription drug copay depends on the type of drug your doctor prescribes and where you fill your prescription. Your copays for prescription drugs count toward the same out-of-pocket maximum that applies to other health care expenses in the Simplified Medical Plan. The Prescription Drug Plan is administered by CVS Caremark — not Aetna or Cigna. (You'll receive a separate CVS Caremark ID card.)
- 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 a CVS retail pharmacy, where the same discounts are available. Find a network pharmacy in your area at www.caremark.com/jpmc-simplified.
- Eligible preventive generic drugs are covered at 100% with no copayments.
- 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.
- 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 www.caremark.com/jpmc-simplified.
- For full details about how the Prescription Drug Plan works and the covered services it provides, go to jpmcbenefitsguide.com.

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The Medical Reimbursement Account (MRA) — When you enroll in the JPMC Medical Plan, you are eligible to receive funding in an MRA that 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 \$100 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 \$50 in your 2022 MRA.
- **Additional Wellness Activities:** Complete wellness activities of your choice to earn up to \$640 in your 2022 MRA. You'll earn up to an additional \$320 in your 2022 MRA when your covered spouse/domestic partner also participates. Watch for the 2022 MRA Action Plan this December on **My Health**. (Remember, you have until December 31, 2021, to maximize your 2021 MRA earnings when you and your covered spouse/domestic partner complete certain wellness activities. See the [2021 MRA Action Plan](#).)

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.

Keep in mind

- 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 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. Once you've used all the funds in your MRA, you can then use your HCSA for eligible medical and prescription drug expenses. 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	What you need to know
<ul style="list-style-type: none"> 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 during this time frame. 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 a Wellness 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. 	<ul style="list-style-type: none"> Save on Medical, 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 myquitforlife.com/jpmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.

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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 is the health care company you elect for your Medical Plan — Aetna (through PayFlex, an Aetna subsidiary) or Cigna. If you do not enroll in the JPMC Medical Plan, your Spending Accounts will be administered by 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).
What you need to know <ul style="list-style-type: none"> You must make an active election to participate in 2022; prior-year elections do not automatically carry over. 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. 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. 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 details, see the Tip Sheet MRA, HCSA and Payment Options. 	What you need to know <ul style="list-style-type: none"> You must make an active election to participate in 2022; prior-year elections do not automatically carry over. 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.
Changes for 2022: 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.	

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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"> • Election changes throughout 2022: 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. Please note: The 2021 special provision allowing you to make changes without experiencing a QSC is not applicable beginning January 1, 2022. • Eligible dependent age (DCSA only): Beginning January 1, 2022, you can only submit newly incurred eligible child care expenses for dependent children under age 13 (older if disabled). Please note: 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. • HCSA and DCSA carryover of balances from 2021 to 2022: 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. • DCSA carryovers eliminated: 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.) Please note: The special provision allowing you to carry over DCSA balances from one year to another ends with the 2021 rollover balance. • HCSA carryovers become limited: Starting with the 2022 plan year, carryovers from prior-year HCSA balances will be limited to the IRS maximum (most recently \$550). Please note: The special provision allowing you to carry over full HCSA balances ends with the 2021 rollover balance. • New plan rule for HCSA Carryovers: 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. <p>How this works: If you do not choose to contribute in 2022:</p> <ul style="list-style-type: none"> - 2021 unused balances under \$25 will not carry over and will be forfeited. - 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. <p>If you don't think you'll spend your carryover balance from 2021 in 2022, 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 carryover from 2022 to 2023 will be limited to the IRS maximum (most recently \$550).</p> <ul style="list-style-type: none"> • Subject to change: 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. 	

For U.S. employees living in Arizona and Ohio

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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"> All options provide coverage for preventive care, basic and major restorative care. The PDP option lets you choose between receiving in-network or out-of-network care each time you need dental work. The DMO and DHMO offer you a broad range of dental services by in-network providers. You will be offered the dental plan options that are applicable to you based on your home ZIP code. Search for providers for each of these options on the Benefits Web Center. 	You will be asked to provide proof that your dependent(s) meets the rules outlined in the Tip Sheet Dependent Eligibility Requirements .

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"> 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 copayment for your vision exam. If you choose to seek care outside the network, you will be reimbursed up to a specified dollar limit. Search for providers on the Benefits Web Center. 	You will be asked to provide proof that your dependent(s) meets the rules outlined in the Tip Sheet Dependent Eligibility Requirements .

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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 Insurance coverage level
<p><input type="checkbox"/> You: Coverage up to 10 times your TACC in \$10,000 increments to a maximum of \$3 million.</p> <p><input type="checkbox"/> Spouse/domestic partner: \$10,000 increments up to a maximum of \$300,000.</p> <p><input type="checkbox"/> Child(ren): \$5,000, \$10,000, \$15,000 or \$20,000 per eligible dependent child.</p>	<p><input type="checkbox"/> You: Coverage up to 10 times your Eligible Compensation in \$10,000 increments to a maximum of \$3 million.</p> <p><input type="checkbox"/> Spouse/domestic partner: \$10,000 increments up to a maximum of \$600,000.</p> <p><input type="checkbox"/> Child(ren): \$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&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
What you need to know
<p>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 My Health.</p>
<p>Change for 2022</p> <ul style="list-style-type: none"> • 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. • Services available through Marsh McLennan Agency include: <ul style="list-style-type: none"> – 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. The highly experienced team of personal insurance Field Claims Executives and Claims Analysts are dedicated to: <ul style="list-style-type: none"> • Proactively help you get a prompt and fair settlement from insurers. • Provide clear and timely information about your claim status. • Advocate on your behalf with insurers in complex cases.
<p>Visit the Benefits Web Center to learn more or to enroll. Please note: 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.</p>

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Group Legal Services Plan

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

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 (ESPP)

Decide if you want to enroll
<input type="checkbox"/> Enroll for the ESPP (those with TACC less than \$250,000).
What you need to know
<ul style="list-style-type: none"> • Become an owner of JPMorgan Chase when you purchase the company's common stock at a 5% discount without paying a broker's fee. • 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. • Learn more by reviewing the Employee Stock Purchase Plan Prospectus (me@jpmc > Benefits & Rewards > Benefits & Rewards Home > Learn when I can buy JPM stock).

For more detailed information about the plans summarized here, refer to the **Summary Plan Descriptions (SPDs)** available online at 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.

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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?
Connect to either of our 2022 health care companies, Aetna or Cigna	You can find an in-network doctor, estimate medical costs and more.
Health Plan Comparison Charts	Compare the details of your JPMorgan Chase Medical Plan options. From the Medical Enrollment page, select Compare Up to 3 Plans .
Summaries of Benefits and Coverage	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 Health Care & Insurance Plan tab, then Plan Information from the drop-down menu.
DecisionDirect™	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 Get Started .

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Resource	What is it?
MRA Value Estimator	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 Estimate Your MRA Funding .
Health Care Spending Account Estimator	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 Estimate Your Health Care Spending Account Needs .
Tip Sheets	<p>Tip Sheets are helpful resources that offer benefits rules and practical user tips.</p> <ul style="list-style-type: none"> • Dependent Eligibility Requirements • Covering a Domestic Partner • Benefits Status Change Guide • Who to Call with Benefits Questions • MRA, HCSA and Payment Options • The JPMC Medical Plan • Choosing Where to Get the Right Health Care at the Right Price

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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 with 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@jpmc.

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.

HR Answers is open Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays.

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 \(Summary Plan Descriptions\)](#).

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@ipmc.

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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