



2023 Enrollment Bulletin

2023 Annual U.S. Benefits Enrollment October 4 – 21, 2022

It's time to review your JPMorgan Chase health care and insurance benefits to be sure your medical, dental, vision, life insurance and disability coverage still meets your needs for 2023 — or enroll for the first time.

Unless you experience a qualified status change during the year, the coverage you elect is effective January 1, 2023, through December 31, 2023.

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 2022 elections at 2023 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. And 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).

For U.S. employees living in Arizona and Ohio





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Actions to take: At a glance

Action to take	Key dates and deadlines	Tools and reminders
Complete both the biometric Wellness Screening and online Wellness Assessment to save on 2023 medical payroll contributions, earn 2023 MRA funds and learn about your well-being.	Between November 20, 2021, and November 18, 2022 (11:59 p.m. ET)	Wellness Screening and Assessment Toolkit
Enroll for your 2023 benefits through the Benefits Web Center found on My Health .	October 4 – 21, 2022	<ul style="list-style-type: none"> • What's new in 2023 • Checklist of the benefits decisions you'll need to consider as you get ready to enroll • Steps for how to enroll in your benefits • What happens if you don't enroll • Where to go with questions
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. ET, Monday through Friday, at 1-877-576-2427, Option 2, Option 9 (U.S. toll free). You can also send a message to HR Answers on me@ipmc. • 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 2022 Additional Wellness Activities to maximize the amount you can earn in your 2022 Medical Reimbursement Account (MRA).	December 31, 2022	If you're currently enrolled in the JPMC Medical Plan, see the 2022 MRA Action Plan .

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Wellness Screening and Assessment Toolkit

This year's deadline to complete the Wellness Screening and Assessment is **November 18** to qualify for 2023 incentives.

You'll save \$500 on your 2023 medical payroll contributions and earn \$100 in your 2023 Medical Reimbursement Account (MRA) by completing the biometric Wellness Screening and online Wellness Assessment between November 20, 2021, and November 18, 2022 (11:59 p.m. Eastern Time). Plus, when your covered spouse/domestic partner also completes both activities during this time frame, you'll save an additional \$500 on your 2023 medical payroll contributions and earn \$50 more in your 2023 MRA.

As a reminder, the medical payroll contributions (payroll deductions for Medical Plan coverage) you see during enrollment already reflect the \$500 savings on 2023 medical payroll contributions for you and \$500 savings for your covered spouse/domestic partner (if applicable). If you and/or your spouse/domestic partner don't complete these activities between November 20, 2021, and November 18, 2022 (11:59 p.m. Eastern Time), you will lose these savings, and your payroll contributions will increase in March 2023.*

Not planning to enroll in the JPMC Medical Plan for 2023?

You can still earn 2023 Wellness Rewards by completing both a biometric Wellness Screening and online Wellness Assessment by November 18, 2022 (11:59 p.m. Eastern Time). You'll receive \$100 in your January 2023 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.

*The \$500 or \$1,000 increase will be applied in equal installments to each paycheck from the first effective paycheck in March 2023 through December 2023. You have until June 30, 2023, to open a case with Cigna if you believe your Initial Wellness Activities were completed by the deadline and are not reflected in your medical payroll contributions.

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How to complete a Wellness Screening and Assessment by November 18

☑ Complete the biometric Wellness Screening

You have several free options for getting a biometric Wellness Screening. Start by going to **My Health*** > [Schedule your Wellness Screening](#) and:

- Schedule an appointment at an onsite screening event or JPMC Health & Wellness Center (where available); or
- Download a form to take along to a scheduled in-network doctor's office visit, Quest Patient Service Center or lab, or CVS MinuteClinic. **Note:** To download and print a form from your home computer, go to **My Health** (myhealth.jporganchase.com) > Schedule your Wellness Screening.

☑ Complete your online Wellness Assessment

You will complete your Wellness Assessment on Cigna's website even if your health care company is Aetna or Kaiser Permanente.

- Go to **My Health*** > [Complete your Wellness Assessment](#) (or go directly to mycigna.com and log in).
- Click **Take My Assessment**.

NOTE: It takes approximately two to three weeks for some activity completions to be reflected on mycigna.com.

*From work: Type "[go/myhealth](#)" into your intranet browser; from home visit myhealth.jporganchase.com.

Resources can be found on **My Health** ("[go/myhealth](#)" from work) or from home at myhealth.jporganchase.com.

Important notes about completing your Initial Wellness Activities

- Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after September 1, 2022, will automatically save \$500 (or \$1,000 if covering a spouse/domestic partner) on both 2022 and 2023 medical payroll contributions **without completing the Initial Wellness Activities in 2022**. They will have until the 2023 Initial Wellness Activities deadline (to be communicated in 2023) to earn 2023 MRA funds for completing the Initial Wellness Activities; however, if they complete the Initial Wellness Activities by November 18, 2022 (11:59 p.m. Eastern Time), they will earn \$100 in their 2022 MRA **and** \$100 in their 2023 MRA. Covered spouses/domestic partners will earn \$50 in the employee's 2022 MRA and \$50 in the employee's 2023 MRA.
- Employees who are on an approved leave of absence for 45 consecutive days between September 1 and November 18, 2022, and do not complete their biometric Wellness Screening and online Wellness Assessment during that time will automatically save \$500 in 2023 on their medical payroll contributions (or \$1,000 if they cover a spouse/domestic partner). Employees and covered spouses/domestic partners can also earn MRA funds for completing Additional Wellness Activities.
- 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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Path A or B?

Throughout the year, you are rewarded for the healthy actions you take along your Wellness Incentive Path (A or B). Your path for 2023 will be determined as follows:

- If you complete a Wellness Screening by November 18, 2022, your results will be used to determine the Wellness Incentive Path you follow for 2023.
 - Along **Path A**, you'll choose the activities you want to complete each quarter to earn money in your MRA. (Watch for details of these changes in the 2023 MRA Action Plan available on **My Health** in December 2022.)
 - Along **Path B**, you'll complete at least two health coaching activities each month to earn money in your MRA.
- If you do not complete a Wellness Screening by November 18, 2022, you will remain on your current path.
- If you are newly eligible for benefits in 2022 and 2023, you'll follow Path A.

The path you are on as of January 1, 2023, will stay in effect for the remainder of the calendar year.

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

What's new in 2023

Enhancements to the U.S. JPMorgan Chase Medical Plan

The firm is investing approximately \$70 million in the U.S. Medical Plan to help lower the amount you pay out of pocket so costs become less of a consideration when seeking the health care you need. Enhancements to the 2023 U.S. Medical Plan include:

- **No increase** in your medical payroll contributions for 2023¹
- **The list of free preventive generic drugs is expanding** to include brand-name drugs (meaning certain drugs, such as insulin, will be free)
- **More employees eligible** to receive the highest medical subsidy (i.e., the lowest medical payroll contributions we offer)

These Medical Plan enhancements are in addition to those that became effective July 1, 2022, including:

- Family Building Benefits
- LGBT+ Health Concierge Service
- Enhanced transgender benefits coverage

Keep reading for details.

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No increase in medical payroll contributions; decrease for some

Good news for 2023! A large portion of JPMC's approximately \$70 million investment in your 2023 health care benefits is going toward absorbing increases in costs (estimated at 7% – 9% in 2023). This means your medical payroll contributions will remain flat from 2022 to 2023¹

Overall, the firm subsidizes about 75% of plan costs, and employees on average pay the other 25% through payroll contributions. Those who have higher levels of compensation pay more than 25% for medical coverage, and certain lower-paid employees pay less.

The U.S. Medical Plan surcharge for unvaccinated/undisclosed employee ends December 31, 2022

Employees who are not fully vaccinated against COVID-19, or have not disclosed their vaccination status, will no longer be required to pay higher Medical Plan payroll costs in 2023.

Certain employees will pay lower medical payroll contributions next year!

In 2023, employees whose Total Annual Cash Compensation (TACC) is less than \$60,000 will receive the highest subsidy from the firm, which means they'll pay the lowest medical payroll contributions. Currently, in 2022, this applies only to those employees whose TACC is less than \$45,000.

The list of free preventive generic drugs is expanding to include *brand-name* drugs

The Prescription Drug Plan, a component of the Medical Plan, currently covers generic preventive drugs at no cost to you at network pharmacies. Effective January 1, 2023, preventive drug coverage will expand to cover all eligible preventive drugs — including brand-name drugs on CVS Caremark's standard preventive drug list² — at 100% with no copay or coinsurance.

Preventive drugs will be free to you in 2023!³

Preventive drugs are medications that can help prevent the onset of a condition if you are at risk or prevent the recurrence of a condition.

Some examples of this expanded coverage include:

- **Diabetes drugs**
 - Injectables like insulin (e.g., Basaglar, Novolog, Tresiba) and other commonly used injections to manage diabetes (e.g., Ozempic, Trulicity)
 - Oral diabetes drugs (e.g., Farxiga, Jardiance)
 - Blood glucose testing supplies, including test strips, lancets and blood glucose monitors

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(e.g., Accu-Chek, OneTouch, Dexcom products)

- **Cardiovascular drugs** including Praluent for coronary artery disease, Multaq for arrhythmias, and more
- **Respiratory drugs** for conditions like chronic obstructive pulmonary disease, including Advair, Flovent, Pulmicort and more
- **Anticoagulants** (blood thinners), including Eliquis and Xarelto
- **Mental health** drugs, including Trintellix, Latuda and Rexulti

For a complete list of brand-name and generic drugs covered at 100%, see the [preventive drug list](#). Please note that this list is subject to change throughout the year. For the most current list of covered drugs — including preventive drugs — visit [CVS Caremark](#).

2023 MRA Action Plan

Those following Path A in 2023 will earn MRA funds throughout each quarter (rather than monthly) by completing Additional Wellness Activities of their choice from a new menu of activity options. Total amounts earned will not change. Watch for details in December.

Three new health care benefits as of July 1, 2022

As previously communicated, the firm launched three new and enhanced health care benefits on July 1, 2022, for U.S. employees, and their covered dependents, enrolled in the U.S. Medical Plan.

1. Family Building Benefits

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

- Fertility treatments such as in vitro fertilization (IVF) and intrauterine insemination (IUI), whether or not you have a medical diagnosis of infertility
- Elective fertility preservation (egg and sperm freezing with 12 months of storage)
- Associated prescription medications

Family Building Benefits can provide up to \$30,000 for medical and \$10,000 for prescription drugs (enrollment with WINFertility and completion of a nurse consultation required to unlock this benefit level, otherwise medical benefit is \$10,000).

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

2. LGBT+ Health Concierge Service through Included Health

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

- Find in-network, LGBT+ affirming providers
- Understand their benefits and coverage that may pertain to them, such as PrEP (HIV preventive medication) and gender-affirming procedures
- Navigate gender-affirming care
- Connect with community support and resources

Visit the new LGBT+ Benefits Resources page at [me@jpmc > Health, Life & Parenting > LGBT+Benefits@ipmc.](#)

Learn more at: [go/myhealth](#) > Medical Specialty Services > Go to [LGBT+ Health Concierge Service](#)

3. Enhanced transgender benefits coverage

The JPMC U.S. Medical Plan already covers certain procedures related to gender affirmation services. Now, employees and their covered dependents enrolled in the U.S. Medical Plan will have access to expanded coverage for gender affirmation services, including tracheal shave, facial feminization/masculinization, voice therapy and voice modification surgery — all of which were not previously covered.

SNOO infant smart sleeper bassinet benefit as of April 4, 2022

U.S. benefits-eligible employees can receive a five-month rental of the SNOO smart sleeper bassinet, fully paid for by JPMC (employees are only responsible for a \$99 security deposit refunded upon return of the SNOO, if it is undamaged, and the taxes associated with the imputed income). After the five-month rental period, employees can continue to use the product at their own expense, at the JPMC discounted rate. SNOO pre-orders can be submitted up to six months in advance.

Employees can request/register for SNOO at: [go/snoo](#).

¹ If your Total Annual Cash Compensation ("TACC," see definition on page 19) increased and caused you to move from one Pay Tier to another (e.g., from under \$80,000 to over \$80,000), you may see an increase to your employee payroll contributions. Other factors include the Medical Plan option you choose, the number of dependents you are covering, whether you/your covered

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spouse/domestic partner completes the Initial Wellness Activities by November 18, 2022, whether you/your covered spouse/domestic partner uses tobacco and your regional cost category.

² CVS Caremark creates and maintains the standard preventive drug list. Drugs may qualify as preventive care based on guidance from sources including but not limited to the U.S. Preventive Services Task Force, Internal Revenue Service and U.S. Department of the Treasury.

³ If you fill your prescription with a brand-name drug when a direct generic equivalent is available, you will pay the entire cost difference (a medical exceptions process is available). Some medications require prior authorization, have associated quantity limits or are excluded from coverage on CVS Caremark's standard drug list. Criteria must be met for coverage. An independent committee made up of pharmacists, physicians and medical ethicists reviews and approves the drug lists (also known as formularies). For more information, please visit www.caremark.com.

Vera/Central Ohio Primary Care (COPC) Care Centers in Columbus, Ohio as of August 1, 2022

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

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

Onsite Care Center Locations

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

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

Near-Site Care Center Locations

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

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

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Vera will also offer lifestyle coaching on topics such as weight management, nutrition, sleep and stress management, to employees in Ohio who are enrolled in the U.S. Simplified Medical Plan and their covered spouses/domestic partners. These services will be available both in person at the care centers or via virtual/telehealth appointments. Employees who participate in Vera's lifestyle coaching program can earn funds in their Medical Reimbursement Account (MRA) for completing a 30-minute coaching (well-being) session. [Learn more.](#)

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.

In 2023, both medical plan options will continue to offer:

- Eligible in-network preventive care (including physical exams and recommended preventive screenings) covered at 100% with no deductible, coinsurance or copayments.
- **New!** Eligible preventive **brand-name drugs** (as well as generic like before) covered at 100% with no deductibles, copayments or coinsurance.
- 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.

The U.S. Medical Plan surcharge for unvaccinated/undisclosed employee ends December 31, 2022

Employees who are not fully vaccinated against COVID-19, or have not disclosed their vaccination status, will no longer be required to pay higher Medical Plan payroll costs in 2023.

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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. Otherwise, both options provide the same coverage.</p> <p>For helpful Tip Sheets, see My Health > 2023 Benefits Resources.</p>	<p>Go directly to Aetna: http://aetna-ipmc.com/simplified and Cigna: www.ipmc.cigna.com/simplified to search for providers in their networks, and see the tools and resources each provides. 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 2023, unless you elect to change it during this enrollment period. If you change health care companies (Aetna/Cigna) for 2023, your 2022 MRA and/or HCSA (if applicable) balance(s) will automatically transfer to your new health care company in April 2023. 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 19), number of dependents you are covering, whether you/your covered spouse/domestic partner completes the Initial Wellness Activities by November 18, 2022, whether you/your covered spouse/domestic partner uses tobacco and your regional cost category. See Save on payroll contributions. 			

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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 whichever 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 and **brand-name drugs (new in 2023!)** 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.

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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 to your own 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 18, 2022 (11:59 p.m. Eastern Time), to earn \$100 in your 2023 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 2023 MRA.
- **Additional Wellness Activities:** Complete wellness activities of your choice to earn up to \$640 in your 2023 MRA. You'll earn up to an additional \$320 in your 2023 MRA when your covered spouse/domestic partner also participates. Watch for the 2023 MRA Action Plan this December on **My Health**. (Remember, you have until December 31, 2022, to maximize your 2022 MRA earnings when you and your covered spouse/domestic partner complete certain wellness activities. See the [2022 MRA Action Plan](#).)

Please note: If you change health care companies (Aetna/Cigna) for 2023, your 2022 MRA balance will automatically transfer to your new health care company in April 2023.

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 18, 2022 (11:59 p.m. ET)	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 <ul style="list-style-type: none">• Complete a biometric Wellness Screening and online Wellness Assessment between November 20, 2021, and November 18, 2022 (11:59 p.m. ET), 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 2023, you 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 18, 2022, by you and your covered spouse/domestic partner (if applicable). If one or both of you did not, the savings will be removed and you'll see an increase applied in equal installments to each pay from March through December 2023.	What you need to know <p>Save on Medical, Supplemental Life and Long-Term Disability Insurance payroll contributions when you complete the program by December 2, 2022. Start no later than November 4, 2022, to make sure you have enough time to complete the program. Enroll at myquitforlife.com/ipmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) 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 2023 (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.

Contributing to the Health Care Spending Account (HCSA) for 2023?

Be sure to consider the lower in-network medical deductibles for the 2023 Medical Plan as you think about how much to contribute to your 2023 HCSA.

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 \$2,850 (2023 limits will be communicated once released by the IRS).	<input type="checkbox"/> Contribute up to \$5,000 (\$2,500 if married and filing separately).
What you need to know	What you need to know
<ul style="list-style-type: none"> Your HCSA funds can be used for: <ul style="list-style-type: none"> Eligible dental and vision expenses. 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 2022 and throughout 2023). HCSA carryovers are no longer unlimited. You may carry over up to the IRS maximum (for 2022, the maximum is \$570 that may be carried over from your 2022 HCSA to your 2023 HCSA). Any unused amount over the maximum will be forfeited if you don't use it for eligible expenses during the plan year and file for reimbursement by March 31* of the following year. If you decide not to contribute to the HCSA in 2023: <ul style="list-style-type: none"> Any balance you carry over from 2022 (up to \$570) will be forfeited at the end of 2023 if you do not use it. Consider electing to make a small contribution to your HCSA for 2023 which will allow your balance to carry over to 2024. Any unused amounts under \$25 will be forfeited. Consider this when you make a 2023 election. 	<ul style="list-style-type: none"> Your DCSA funds can be used for eligible child care expenses for dependent children under age 13, or older if disabled, and adult care expenses for your tax-qualified adult dependents. DCSA carryovers are no longer unlimited. You will forfeit any remaining DCSA balance if you don't use it for eligible expenses during the plan year and file for reimbursement by March 31* of the following year.

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*For 2022 eligible expenses, the end of the claims filing period continues to be extended by the federal government. You will be notified of any updates to the March 31, 2023, filing deadline as it becomes available.

☐ 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'll 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 (LTD) Insurance coverage level
<input type="checkbox"/> You: Coverage up to 10 times your TACC in \$10,000 increments to a maximum of \$3 million. <input type="checkbox"/> Spouse/domestic partner: \$10,000 increments up to a maximum of \$300,000. <input type="checkbox"/> Child(ren): \$5,000, \$10,000, \$15,000 or \$20,000 per eligible dependent child.	<input type="checkbox"/> You: Coverage up to 10 times your Eligible Compensation in \$10,000 increments to a maximum of \$3 million. <input type="checkbox"/> Spouse/domestic partner: \$10,000 increments up to a maximum of \$600,000. <input type="checkbox"/> Child(ren): \$10,000 increments up to a maximum of \$100,000 per eligible dependent child.	Those with TACC of \$60,000 or more can elect: <input type="checkbox"/> 50% of TACC <input type="checkbox"/> 60% of TACC
What you need to know	What you need to know	What you need to know
<p>Good news for 2023! Effective January 1, 2023, Employee Supplemental Term Life Insurance rates will be 10% lower than 2022 (assuming the same coverage level and age band).</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>JPMorgan Chase automatically provides Basic Life Insurance equal to one times your Total Annual Cash Compensation (TACC) up to a maximum of \$100,000.</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>Individual Disability Insurance Generally, if your TACC is more than \$400,000, your Group LTD coverage may provide limited compensation protection. As a result, you can purchase additional LTD coverage through a fully portable Individual Disability Insurance (IDI) policy (issued by Unum) that would provide an additional maximum monthly benefit of up to \$15,000. If you are newly eligible for coverage (or previously waived coverage), you will receive a separate IDI benefit election package in the coming weeks. No evidence of insurability (EOI) or proof of good health is required this year for employees newly eligible for this IDI benefit or for those who previously waived coverage. Contact Covala Group, our IDI benefit administrative service provider, at 1-800-235-3551.</p>

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☐ Group Personal Excess Liability Insurance Plan

Choose a level of coverage

- ☐ \$2 million
- ☐ \$5 million
- ☐ \$10 million

What you need to know

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 additional details, see the [Benefits Web Center](#).

☐ Group Legal Services Plan

Decide if you want to enroll

- ☐ Enroll for Group Legal coverage

What you need to know

- 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 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

- ☐ Enroll for the ESPP (those with TACC less than \$250,000).

What you need to know

- 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, 2022, your current election will carry over to 2023, but be sure to view your current election during enrollment and validate your payroll deduction in January 2023.
- Learn more by reviewing the Employee Stock Purchase Plan Prospectus ([me@jpmc > Benefits & Rewards > Benefits & Rewards Home > Learn when I can buy JPM stock](#)).

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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**.

How to enroll for your benefits

Enroll for your benefits between **Tuesday, October 4, and Friday, October 21 (11:59 p.m. Eastern Time)**, by visiting **My Health > [ENROLL NOW](#)** (which will take you to the Benefits Web Center). 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 2023 benefits elections will be mailed to your home address.

Enrollment support

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

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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 2022 elections at 2023 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 2023 benefits elections.

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.

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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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 > 2023 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.

Legal documents and notices

Important Disclaimers

The JPMorgan Chase U.S. Benefits Program is generally available to most employees on a U.S. payroll who are regularly scheduled to work 20 hours or more a week and who are employed by JPMorgan Chase & Co. or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase U.S. Benefits Program. This information does not include all of the details contained in the applicable insurance contracts, plan documents, and trust agreements. If there is any discrepancy between this information and the governing documents, the governing documents will control. JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce, change or terminate its benefits and plans at any time. The JPMorgan Chase U.S. Benefits Program does not create a contract or guarantee of employment between JPMorgan Chase and any individual. JPMorgan Chase or you may terminate the employment relationship at any time.

Privacy Notice

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).

Simplified Wellness Program *(for those living in AZ & OH only)*

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

Core Wellness Program *(not available to those living in AZ & OH or enrolled in the Kaiser HMO Option)*

The deadline for completing telephonic coaching programs is Dec. 30, 2022. These programs often involve several sessions that may take a few weeks to complete. In addition, coaching capacity is often limited in November and December.

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Benefits Plan Details (Summary Plan Descriptions)

For benefits plan details, see the Summary Plan Descriptions (SPDs) found at <https://ipmcbenefitsguide.com>.

On a leave of Absence

Employees who are on an approved leave of absence for 45 consecutive days between Sept. 1 and Nov. 18, 2022, and do not complete a Wellness Screening and Wellness Assessment during that time will automatically save \$500 in 2023 on their medical payroll contributions (or \$1,000 if they cover a spouse/domestic partner). Other provisions of the JPMC 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 (if applicable).

Newly-eligible for benefits after Sept. 1, 2022

Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after September 1, 2022, will automatically save \$500 (or \$1,000 if covering a spouse/domestic partner) on both 2022 and 2023 medical payroll contributions *without completing the Initial Wellness Activities in 2022*. To earn MRA funds for 2022 or 2023, Initial Wellness Activities must be completed by the annual deadline (for 2022: Nov. 18, 11:59 pm EST; for 2023: to be communicated during calendar year 2023).

JPMC employees who are married to, or are the domestic partner of, another JPMC employee

If you have declined employee coverage in the JPMC Medical Plan and instead are covered in the JPMC Medical Plan as the spouse or domestic partner of another JPMC employee, you are considered a “spouse/domestic partner” in the Plan and subject to all of the Plan provisions and pricing that apply to all other covered spouses/domestic partners in the Plan, including amounts you are eligible to earn under the Wellness Program (deposited into the “employee’s” MRA). As a covered “spouse/domestic partner,” you are not eligible to earn Wellness Rewards available to employees who do not enroll in the JPMC Medical Plan.

Benefit reminders (A number of disclosures and annual notices that are required by law for companies that offer group health plans.)

Coverage effective dates

In most cases, the coverage you elect during Annual Benefits Enrollment takes effect

January 1, 2023, 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.

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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).

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
- 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.

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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.

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 found on My Health.

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.

Summary Plan Descriptions

For more detailed information about the plans summarized here, refer to the **Summary Plan Descriptions (SPDs)** on this site (ipmcbenefitsguide.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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