



## 2023 Enrollment Bulletin

Special edition for California residents

### 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, Cigna or Kaiser Permanente). 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).

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## Actions to take: At a glance

Actions 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)	<a href="#">Wellness Screening and Assessment Toolkit</a>
Enroll for your 2023 benefits through the Benefits Web Center found on <b>My Health</b> .	October 4 – 21, 2022	<ul style="list-style-type: none"> <li>• <a href="#">What's new in 2023</a></li> <li>• <a href="#">Checklist</a> of the benefits decisions you'll need to consider as you get ready to enroll</li> <li>• Steps for <a href="#">how to enroll</a> in your benefits</li> <li>• What happens <a href="#">if you don't enroll</a></li> <li>• Where to go with <a href="#">questions</a></li> </ul>
Review and update your <a href="#">personal information</a> .	Keep this updated with any changes throughout the year.	<ul style="list-style-type: none"> <li>• Check the <a href="#">Dependent Eligibility Requirements</a> to determine who you can cover under your benefits.</li> <li>• Make sure all Social Security numbers for your covered dependents are updated on the <a href="#">Benefits Web Center</a>. If you need help, call HR Answers between 8 a.m. and 7 p.m. ET, Monday through Friday, at <b>1-877-576-2427, Option 2, Option 9</b> (U.S. toll free). You can also send a message to HR Answers on <a href="mailto:me@ipmc">me@ipmc</a>.</li> <li>• Update your beneficiary(ies) for your Life and Accident Insurance Plan benefits, as well as your JPMorgan Chase 401(k) Savings Plan and Retirement Plan (if applicable) benefits. Go to <a href="#">My Health &gt; Online Beneficiary Designation Site</a>.</li> </ul>
Complete 2022 Additional Wellness Activities to maximize the amount you can earn in your 2022 Medical Reimbursement Account (MRA) ( <i>not applicable if you are enrolled in the Kaiser HMO Option</i> ).	December 31, 2022, for most activities. December 30, 2022, for completing most telephonic coaching activities, which may involve several weekly sessions and often have limited capacity in November and December.	<p>Currently enrolled in the JPMC Medical Plan?</p> <ul style="list-style-type: none"> <li>• Yes, I'm in Option 1 or 2. See the <a href="#">2022 MRA Action Plan</a>.</li> <li>• No? See the <a href="#">2022 Wellness Rewards Action Plan</a>.</li> </ul>

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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 \$200 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 \$100 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 \$200 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.ipmorganchase.com](http://myhealth.ipmorganchase.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](http://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.ipmorganchase.com](http://myhealth.ipmorganchase.com).

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

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

If you choose the Kaiser HMO Option for 2023, you'll save \$500 on your 2023 medical payroll contributions and earn \$200 in your 2023 Medical Reimbursement Account (MRA) when you complete both a 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 an additional \$100 in your 2023 MRA. The Kaiser HMO Option does not offer incentives for completing Additional Wellness Activities throughout 2023 as do Options 1 and 2. That's because the Kaiser model is an integrated coordinated care model where activities like coaching and treatment decision support are part of the care you receive from your providers — and not carved out as separate activities to be completed and incented. The savings generated from this more limited wellness incentive program have been reinvested back into the Kaiser HMO Option.

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### 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 \$200 in their 2022 MRA and \$200 in their 2023 MRA. Covered spouses/domestic partners will earn \$100 in the employee's 2022 MRA and \$100 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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## 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 2023<sup>1</sup>
- A **reduction of your in-network medical deductible by \$500**<sup>2</sup>
- The list of **free preventive generic drugs is expanding** to include **brand-name drugs** (meaning certain drugs, such as insulin, will be free)<sup>3</sup>
- **No deductible** to meet before the plan pays for **in-network mental health office visits**<sup>3</sup>
- **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.

### 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 2023.<sup>1</sup>

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.

#### 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.

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## 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.

## \$500 off in-network medical deductibles in the Core Medical Plan

Under the Medical Plan (Options 1 and 2), you generally must meet an annual deductible — a set amount that you pay out of pocket — before the plan shares in the costs for care. There are separate deductibles for in-network and out-of-network care. **In 2023, we're reducing your in-network medical deductibles by \$500!**

This change is not applicable to the Kaiser HMO Option.

In-Network Medical Deductibles	Core Plan — Option 1		Core Plan — Option 2	
	TACC* <\$60k	TACC* \$60k+	TACC* <\$60k	TACC* \$60k+
<b>Current</b>				
Employee	\$1,000	\$1,750	\$2,000	\$2,750
Employee + Spouse/Domestic Partner	\$1,875	\$2,625	\$3,375	\$4,125
Employee + Spouse/Domestic Partner + Children	\$2,750	\$3,500	\$4,750	\$5,500
<b>Effective January 1, 2023</b>				
Employee	\$500	\$1,250	\$1,500	\$2,250
Employee + Spouse/Domestic Partner	\$1,375	\$2,125	\$2,875	\$3,625
Employee + Spouse/Domestic Partner + Children	\$2,250	\$3,000	\$4,250	\$5,000

\*See page 21 for the definition of "TACC".

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The Prescription Drug component of the Medical Plan (Options 1 and 2) has separate deductibles not affected by this reduction (remaining the same in 2023).

The annual maximum out of pocket under the Core Medical Plan — the maximum amount you pay out of pocket for eligible covered expenses (deductibles plus coinsurance) — is not changing.

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

Be sure to consider the lower in-network medical deductibles for the 2023 Core Medical Plan as you think about how much to contribute to your 2023 HCSA. See page 17 for additional information on HCSA.

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

The Prescription Drug Plan, a component of the Core 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 list<sup>4</sup> — at 100% with no deductible, copay or coinsurance.

The Kaiser HMO Option already covers Kaiser's standard brand and generic preventive drug list.

### Preventive drugs will be free to you in 2023!<sup>5</sup>

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 (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

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- **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](#).

### Mental health office visits with network providers covered before the deductible in the Core Medical Plan

The COVID-19 pandemic has highlighted the importance of mental health and its effect on our overall health and well-being. Effective January 1, 2023, the mental health care received under the Core Medical Plan will be more affordable with in-network office visits covered *before the deductible*.<sup>2</sup>

- In-network office visits (including virtual visits) to psychologists, therapists and social workers will be covered at 90% **with no deductible** (same as in-network primary care office visits).
- In-network office visits (including virtual visits) to psychiatrists will be covered at 80% **with no deductible**.

#### An example

Jon visits an in-network psychologist. Today, he'd pay the full cost of this office visit (\$150 on average) if he has not yet met his in-network deductible. Using this example, in 2023, Jon will pay 10% or \$15 with the plan paying 90% or \$135 — *before even meeting his in-network deductible*.

**Note:** Out-of-network visits will continue to be covered at 50% after the out-of-network deductible.

The Kaiser HMO Option already covers mental health office visits before the deductible.

## 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)

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- Associated prescription medications

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

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

## 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@jpmc](#).

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](#)

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<sup>1</sup>If your Total Annual Cash Compensation ("TACC," see definition in the Annual Enrollment Bulletin) 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 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.

<sup>2</sup>Not applicable to the Kaiser HMO Option.

<sup>3</sup>Already applies to the Kaiser HMO Option.

<sup>4</sup>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.

<sup>5</sup>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](http://www.caremark.com).

## Checklist

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

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

### 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.

### Options 1 and 2

In 2023, Options 1 and 2 will 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 as before) covered at 100% with no deductibles, copayments or coinsurance.

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- In-network primary care office visits covered at 90% with no deductible.
- **New!** In-network visits to psychologists, therapists and social workers **covered at 90% with no deductible.**
- **New!** In-network visits to psychiatrists **covered at 80% with no deductible.**
- **New! \$500 reduction in in-network medical deductibles.** Out-of-pocket maximums — the maximum amount you pay out of pocket for eligible covered expenses — remain the same.
- The same types of covered medical services.

### Kaiser HMO Option

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

The Kaiser HMO Plan will offer:

- A **primary care physician (PCP) is responsible for wholly managing your care and your family's care**, including the coordination of care with other providers, such as specialists. Therefore, you will need to select a Kaiser PCP for each covered family member (if you haven't already done so).
- Most **preventive care services** covered at 100%, similar to Options 1 and 2.
- **Virtual doctor visits** covered at 100%.
- The same deductibles, copayments and out-of-pocket maximums.
- The same types of covered medical services.
- Kaiser Permanente administers the Prescription Drug Plan (rather than CVS Caremark for Options 1 and 2), which impacts the types of drugs covered by the plan, as well as where you can fill prescriptions. See the Prescription Drug Plan description on page 12 for more information.
- Your MRA will be administered by Cigna, not by Kaiser Permanente; any Spending Account you participate in will also be administered by Cigna.

### Your cost for the Kaiser HMO Option

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

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- **Important note: Out-of-network care is not covered under the Kaiser HMO Option, except for emergencies. This means only services provided by a Kaiser provider at a Kaiser office/facility/hospital will be covered by the Kaiser HMO Option. Generally, if you receive non-emergency care outside of a Kaiser provider/setting, you will be responsible for the full cost of that care.**

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

Choose an option	Choose a health care company	Decide which dependents to cover	Decide how to pay claims from your MRA and HCSA
<input type="checkbox"/> <b>CDHP:</b> Option 1 and Option 2 <input type="checkbox"/> <b>HMO</b>	<input type="checkbox"/> <b>CDHP:</b> Aetna and Cigna <input type="checkbox"/> <b>HMO:</b> Kaiser	<input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren)	<input type="checkbox"/> <b>CDHP:</b> Automatic claim payment or debit card <input type="checkbox"/> <b>HMO:</b> Debit card
What you need to know	What you need to know	What you need to know	What you need to know
<p><b>Option 1</b> has higher payroll contributions, but lower annual deductibles and coinsurance maximums. <b>Option 2</b> has lower payroll contributions, but higher annual deductibles and coinsurance maximums. Otherwise, both options provide the same coverage.</p> <p>The <b>Health Maintenance Organization (HMO)</b> falls in the middle in terms of payroll contributions and has its own doctors, hospitals and providers that are employed by Kaiser. Care received outside the network is not covered except for emergencies.</p> <p>For helpful Tip Sheets, see <b>My Health &gt; 2023 Benefits Resources</b>.</p>	<p><b>CDHP:</b> Go directly to Aetna: <a href="http://aetna-ipmc.com">http://aetna-ipmc.com</a> and Cigna: <a href="http://ipmc.cigna.com">ipmc.cigna.com</a> to search for providers in their networks, and see the tools and resources each provides. CVS Caremark will manage your prescription drug benefits regardless of which health care company or plan option you choose.</p> <p><b>HMO:</b> Go directly to <a href="https://select.kp.org/ipmc">select.kp.org/ipmc</a> for plan details and to review providers.</p>	<p>You will be asked to provide proof that your dependent(s) meets the rules outlined in the Tip Sheet <a href="#">Dependent Eligibility Requirements</a>.</p>	<p><b>CDHP:</b> You can choose whether you want automatic claim payment or a debit card to pay claims from your MRA and Health Care Spending Account (HCSA) when you enroll. With automatic claim payment, your health care company (Aetna or Cigna) will automatically use your MRA funds first to pay for eligible medical and prescription drug expenses, then your HCSA funds. The debit card gives you more control over how and when to use your MRA and/or HCSA funds. See the Tip Sheet <a href="#">MRA, HCSA and Payment Options</a>.</p> <p><b>HMO: Only the debit card option is available.</b> You will pay at the point of service with a debit card or pay out of pocket and file for reimbursement from your MRA and/or HCSA. Automatic claim payment is not available for HMO participants.</p>
<b>Keep in mind:</b>			

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Choose an option	Choose a health care company	Decide which dependents to cover	Decide how to pay claims from your MRA and HCSA
<ul style="list-style-type: none"> <li>Your current health care company will carry over to 2023, unless you elect to change it during this enrollment period.</li> <li>If you are enrolled in Plan Options 1 or 2, but 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.</li> <li>If you enroll in the Kaiser HMO Option for 2023 and were enrolled with Aetna in 2022, your 2022 MRA balance will automatically transfer in April 2023 to Cigna (who will manage your MRA and your HCSA/DCSA, if applicable). If you were enrolled with Cigna in 2022 and enroll in the Kaiser HMO Option for 2023, your MRA (and HCSA/DCSA, if applicable) will remain with Cigna.</li> <li>If your provider(s) changes networks during the year, you cannot make mid-year health care company changes.</li> <li>Employee payroll contributions to the JPMC Medical Plan vary based on a number of factors, including the Medical Plan option you choose, your Total Annual Cash Compensation ("TACC," see definition on page 21), 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.</li> <li>See <a href="#">Save on payroll contributions</a>.</li> </ul>			

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

Key features of the Prescription Drug Plans	
Options 1 and 2	Kaiser HMO Option
<ul style="list-style-type: none"> <li>Prescription drug coverage is managed by CVS Caremark.</li> <li>A separate plan design from the Medical Plan with separate, lower deductibles and a separate safety net for covered prescriptions in the form of per-prescription maximums and annual out-of-pocket maximums. You'll receive a separate CVS Caremark ID card.</li> <li>You'll pay less when using in-network retail pharmacies for short-term prescriptions and the CVS Caremark Maintenance Choice® program for long-term prescriptions. Maintenance Choice offers advantageous pricing when you receive 90-day supplies of maintenance medication by mail or pick up your prescription at CVS retail pharmacies, where the same discounts are available. Find a network pharmacy in your area at <a href="http://www.caremark.com/jpmc">www.caremark.com/jpmc</a>.</li> <li>Eligible preventive generic and <b>(New!)</b> brand-name drugs are covered at 100% with no deductibles, copayments or coinsurance.</li> <li>If you fill a prescription for a brand-name medication when a generic equivalent is available, you will pay the difference in cost between the brand-name drug and generic drug, plus the generic copay.</li> </ul>	<ul style="list-style-type: none"> <li>Prescription drug coverage is managed by Kaiser Permanente.</li> <li>There is no prescription deductible, and prescription drug copays and coinsurance count toward a combined medical and prescription drug out-of-pocket maximum.</li> <li>Kaiser has its own pharmacies, which must be used. You generally do not have the flexibility to fill a prescription at a local retail pharmacy (for example, CVS retail pharmacies). Most prescriptions can be filled through mail order or online for home delivery or same-day pickup.</li> <li>Eligible preventive generic and brand drugs are covered at 100% with no cost to you.</li> <li>Kaiser maintains its own list of covered drugs, also known as its formulary. This list is different than the covered drug list managed by CVS Caremark. If you are currently taking prescriptions that are not covered by Kaiser (and enroll in Kaiser for 2023), you will need to transition to the drugs covered by the Kaiser HMO Option or pay the full cost of the drugs.</li> <li>Not all pharmaceutical manufacturer coupon or copay assistance cards are accepted at Kaiser pharmacies. If you</li> </ul>

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Key features of the Prescription Drug Plans	
Options 1 and 2	Kaiser HMO Option
<ul style="list-style-type: none"><li>Certain drugs require prior authorization, have quantity limits associated with them or are excluded from coverage. To check drug coverage and to see the list of excluded drugs, visit <a href="http://www.caremark.com/ipmc">www.caremark.com/ipmc</a>.</li></ul>	are using a copay card and would like to know if it is accepted, contact Kaiser at <b>1-800-204-6561</b> .

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**The Medical Reimbursement Account (MRA)** — When you enroll in any Medical Option (Option 1, 2 or Kaiser HMO Option), you are eligible to receive funding in an MRA, which you can use to pay for eligible out-of-pocket medical and prescription drug expenses not covered by your plan. You do not contribute 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 \$200 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 \$100 in your 2023 MRA.
- **Additional Wellness Activities:** If you enroll in Option 1 or 2, complete wellness activities to earn up to \$800 in your 2023 MRA. You'll earn up to an additional \$300 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 enroll in the Kaiser HMO Option, you will not be able to earn rewards for completing Additional Wellness Activities.

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

**Please note:** If you change health care companies (Aetna/Cigna) for 2023, your 2022 MRA balance will automatically transfer to your new health care company in April 2023. If you enroll in the Kaiser HMO Option for 2023 and were enrolled with:

- **Aetna** in 2022, your MRA balance will automatically transfer in April 2023 to Cigna (who will manage your MRA and HCSA/DCSA, if applicable).
- **Cigna** in 2022, your MRA (and HCSA/DCSA, if applicable) will remain with Cigna.

\*December 30, 2022, is the deadline for completing certain telephonic coaching activities (i.e., personal action call, telephonic health coaching, condition management and decision support). These activities may involve several weekly sessions and have limited coaching capacity in November and December, so be sure to plan ahead.

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## Keep in mind

- Under Options 1 and 2, you have two ways to pay claims from your MRA and HCSA: Automatic claim payment and debit card. As you enroll, you'll be able to select one of these payment methods. For the Kaiser HMO Option, you'll pay claims using a debit card (provided by Cigna); automatic claim payment is not available. For details, see the Tip Sheet [MRA, HCSA and Payment Options](#).
- It's important to know that your MRA funds will be used first to pay for eligible out-of-pocket medical and prescription drug expenses. This is true across all three medical plan options. Once you've used all the funds in your MRA, you can then use your HCSA for eligible medical and prescription drug expenses. (And if you enroll in the Kaiser HMO Option in 2023, keep in mind you can earn MRA funds for Initial Wellness Activities only.) Your HCSA can be used for dental and vision expenses, as well as medical and prescription drug expenses; MRA funds cannot be used for dental or vision expenses.

## ☐ 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.
<b>What you need to know</b>	
<p>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.</p> <p>Beginning in January 2023, you'll 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 will see an increase applied in equal installments to each pay from March through December 2023.</p>	<p>Save on Medical (Option 1, Option 2 or Kaiser HMO Option), Supplemental Life and Long-Term Disability Insurance payroll contributions when you complete the program by December 2, 2022. Start no later than November 4, 2022, to make sure you have enough time to complete the program. Enroll at <a href="https://myquitforlife.com/ipmorganchase">myquitforlife.com/ipmorganchase</a> or call <b>1-866-QUIT-4-LIFE (1-866-784-8454)</b> and schedule time to talk with a coach.</p>

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☐ **Spending Accounts** — You can elect to participate in the Health Care Spending Account (HCSA) and/or Dependent Care Spending Account (DCSA) for 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 for Medical Plan Options 1 and 2 is the health care company you elect — Aetna (through PayFlex, an Aetna subsidiary) or Cigna. For the Kaiser HMO Option (and if you do not enroll in the Medical Plan), your Spending Accounts administrator is Cigna.

Contribute to a Health Care Spending Account (HCSA)	Contribute to a Dependent Care Spending Account (DCSA)
<input type="checkbox"/> Contribute up to \$2,850 (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"> <li>Your HCSA funds can be used for: <ul style="list-style-type: none"> <li>Eligible dental and vision expenses.</li> <li>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; if you enroll in the Kaiser HMO Option in 2023, keep in mind that you can earn MRA funds for Initial Wellness Activities only, as you plan how much to contribute to the HCSA).</li> </ul> </li> <li>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 amounts 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.</li> <li>If you decide not to contribute to the HCSA in 2023: <ul style="list-style-type: none"> <li>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.</li> <li>Any unused amounts under \$25 will be forfeited. Consider this when you make a 2023 election.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>

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

### Vision Plan

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

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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"/> <b>You:</b> Coverage up to 10 times your TACC in \$10,000 increments to a maximum of \$3 million. <input type="checkbox"/> <b>Spouse/domestic partner:</b> \$10,000 increments up to a maximum of \$300,000. <input type="checkbox"/> <b>Child(ren):</b> \$5,000, \$10,000, \$15,000 or \$20,000 per eligible dependent child.	<input type="checkbox"/> <b>You:</b> Coverage up to 10 times your Eligible Compensation in \$10,000 increments to a maximum of \$3 million. <input type="checkbox"/> <b>Spouse/domestic partner:</b> \$10,000 increments up to a maximum of \$600,000. <input type="checkbox"/> <b>Child(ren):</b> \$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><b>Good news for 2023!</b> 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&amp;D insurance provides financial protection in case of accidental death and certain accidental injuries.</p>	<p>If your TACC is less than \$60,000, you will automatically receive LTD coverage of 60% of your TACC, fully paid by JPMorgan Chase.</p> <p>Any election or increase made during Annual Benefits Enrollment will be subject to evidence of insurability (EOI) — or proof of good health.</p> <p><b>Individual Disability Insurance</b> 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

### 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@ipmc > 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](mailto: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.

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

## 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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The Summary Plan Descriptions (SPDs) for all plans can be found at [Your JPMC Benefits Guide](#).

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](#)
- [Benefit reminders](#) (A number of disclosures and annual notices that are required by law for companies that offer group health plans.)
- For more detailed information about the plans summarized here, refer to the **Summary Plan Descriptions (SPDs)** on [jpmcbenefitsguide.com](https://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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