

2025 U.S. Annual Benefits Enrollment Bulletin

Dallas-Fort Worth, Texas

Annual Enrollment Period

Active employees: October 1-18

Employees on a leave of absence as of September 19: October 23-November 8

Benefits Period

January 1, 2025-December 31, 2025

2025 U.S. Annual Benefits Enrollment

Now is the time to review your JPMorganChase healthcare and insurance benefits to ensure you have the medical, dental, vision, life, accident insurance, and disability coverage that meets your needs for 2025. During Annual Enrollment, you'll also have the opportunity to choose from additional options, including Health Care and Dependent Care Spending Accounts, Group Personal Excess Liability Insurance, Group Legal Services and the Employee Stock Purchase Plan. The coverage you elect during the annual benefits enrollment period will take effect on January 1, 2025, and will continue through December 31, 2025, unless you experience a qualified status change during the year.

Going Beyond the Basics: Our Comprehensive Health and Wellness Benefits

At JPMorganChase, your health and well-being come first. That's why we provide a comprehensive, high-quality medical plan and wellness program to support you and your family through all of life's ups and downs.

We've invested more than \$200 million over three years in our Medical Plan and Wellness Incentive Program to better meet your needs and improve affordability. We're proud to provide the 2025 JPMorgan Chase U.S. Medical Plan and Wellness Incentive Program, which has only minor changes and continues to offer you and your family accessible, comprehensive coverage. With an emphasis on cost transparency and predictability, the Medical Plan provides coverage for primary and preventive care, mental health services, serious illnesses and injuries and prescription drugs. Our Medical Plans feature fixed dollar copays and no deductible for most services, including prescription drugs. This includes \$15 copays per office visit for primary care and mental health services, with preventive care covered at 100%. Additionally, we offer on-site health and wellness clinics at our larger locations, virtual doctor visits for 24/7 on-demand care, second medical opinion services, wellness screenings, LGBTQ+ health concierge services and more.

You'll continue to see that our 2025 Wellness Incentive Program promotes overall well-being and provides an opportunity to earn rewards in areas that matter to you — healthy outcomes, preventive care and completing well-being activities. Participation in these wellness activities may earn you funds to help further offset your copays/out-of-pocket costs.

Our benefits extend far beyond the basics. Alongside our health and wellness offerings, our all-encompassing benefits package is designed to support your financial well-being, your family, and much more. From our 401(k) Savings Plan and financial coaching to child care options, time off, and additional perks, we are there for you.

We look forward to supporting your health and well-being in the year ahead and hope you will take time to review this guide and make the most of the benefits available to you. Thank you for all that you do to serve our clients, colleagues and communities.

Keep reading to find out what's new in 2025 and the actions you need to take to ensure you have the coverage that's right for you and your family.

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Enhancements and Changes Starting January 1, 2025

Last year we made significant investments in our Medical Plan and Wellness Incentive Program to better meet your needs. This year, we offer the same healthcare companies — including Aetna and Cigna — and have made the following modest enhancements.

The 2025 JPMC U.S. Medical Plan (Plan Option 1 and 2) is expanding the list of preventive services to include all in-network colonoscopies and breast ultrasounds at no cost to you.* There are no other major changes to the Plan through Aetna and Cigna. It will continue to focus on transparency and predictability of in-network costs and provide broad access to services.

The 2025 Preferred Dentist Program (PDP) through MetLife will offer an expanded network through MetLife PDP Plus that will give you access to additional providers and specialists in addition to the ones available today. The provider network increase will vary by region. In addition, the PDP coverage will be expanded to include adult orthodontia, subject to a lifetime maximum. There are no changes to the Dental Maintenance Organization plans through Aetna and Cigna.

The employer-paid **Long-Term Disability Plan** is expanding to provide automatic coverage to include employees whose Total Annual Cash Compensation (TACC) is less than \$80,000, for initial date of disability beginning on or after January 1, 2025.

Under the **Wellness Program**, all U.S. benefits-eligible employees will be able to engage with our digital health and wellness platform through Virgin Pulse. Look out for updates to Virgin Pulse as they change their name to Personify Health effective January 1, 2025. Previously, participation was limited to only employees enrolled in JPMC Plan Option 1 or 2.

We're introducing two new resources to help you make your Annual Enrollment decisions. The **Healthcare Plan Comparison Tool** will help you better understand your medical, dental and vision benefit options. Through interactive comparison tables and charts, it will show the plan options you're eligible for alongside their key highlights and features. Access the Tool at [go/CompareHealthPlans](#). The **Medical Plan Cost Estimator** uses estimated costs to project out-of-pocket expenses under each of the Medical Plan Options available to you. Access the Cost Estimator through the Benefits Web Center.

Employees in the Dallas-Fort Worth area will have a new Medical Plan option — the **Centivo Select Plan** — in addition to Plan Options 1 and 2 with Aetna or Cigna. Centivo Select offers affordable care through the Baylor Scott & White health system and other providers, including Catalyst Health Group, Children's Health, Cook Children's, Methodist Health System and Scottish Rite.

*Age and frequency limits apply.

What makes this plan different:

- **A strong primary care connection:** Centivo Select members choose a primary care doctor who guides their care. Having a primary care relationship has been shown to keep people healthier overall. If you need additional care (e.g., specialist visits, procedures, hospital care, etc.), your primary care doctor will help connect you with the right care for your needs.
- **Low, predictable costs:** The plan provides a curated, award-winning network of healthcare providers at an overall lower cost to you. Key features include: \$0 copay for visits with your primary care doctor (including pediatricians); OB/GYN and mental health providers; fixed dollar copays for all other care and no deductible.

The **Group Personal Excess Liability (PEXL) Insurance Plan**, sometimes referred to as umbrella coverage, offers additional liability protection for damages and costs arising from injury or personal injury to others, or for damages to the property of others. Changes that impact PEXL policy coverage include:

- Adding a vehicle or watercraft to your primary underlying insurance if rented for more than 60 consecutive days.
- Removing the requirement for primary underlying insurance for uninsured/underinsured motorist property damage.
- Exclusions related to:
 - Younger and/or unlicensed drivers of a personal watercraft.
 - Watercraft longer than 42 feet or more than 300 horsepower.
 - Personal vehicle sharing for a fee.
 - The use of drones.
 - Policy termination no longer includes a period of transitional coverage.

Current PEXL plan participants will receive a communication directly from JPMC Human Resources containing details on 2025 policy changes during the first week of October 2024. Prior to selecting or continuing coverage, you should review the PEXL microsite on the enrollment page in the Benefits Web Center. It contains the 2025 PEXL Policy and a summary of all changes. For specific questions on your coverage, please call Marsh McLennan Agency Private Client Services.

In addition to the above, we previously announced that starting July 1, 2024, expanded **Family Building Benefits** are available to employees and their covered dependents enrolled in the JPMC Medical Plan (Plan Option 1 or 2):

- Fertility treatments and preservation services with a lifetime maximum* of up to \$35,000 for medical procedures.
- Associated prescription drug coverage with a lifetime maximum* of up to \$15,000.

For all benefits-eligible employees, regardless of enrollment in the JPMC Medical Plan, adoption and surrogacy benefits have expanded for a combined lifetime maximum* of up to \$50,000.

* Lifetime maximum means that once this limit is reached, no additional coverage is available.

Your Medical Plan Costs in 2025

Because healthcare can be expensive, the firm sets employee costs on a sliding scale — aligning what you pay for coverage to what you earn — and generally covers about 80% of total plan costs (more for lower-paid employees). Your specific costs for medical coverage (your medical payroll contributions) continue to depend on your Total Annual Cash Compensation (TACC), the plan you select, who you cover, where you live, whether you/your covered spouse/domestic partner complete the wellness screening and assessment and whether you/your covered spouse/domestic partner use tobacco.

For 2025, JPMC is continuing to invest in the Medical Plan to limit increases in medical payroll contributions. Absent any investments by the firm, medical payroll contributions would have increased approximately 10% on average over 2024. With investments, medical payroll contributions will increase on average 4–5% year-over-year. Employees earning up to \$80,000 TACC who do not cover any dependents will not experience an increase in medical payroll contributions.

Between 2019 and 2025, U.S. healthcare inflation and design enhancements are expected to have increased JPMC's healthcare costs by over 50%. With JPMC investments, medical payroll contribution increases have been limited to a total of about 9% during the same six-year time period, including reductions in payroll contributions for most employees between 2023 and 2024.

Total Annual Cash Compensation and Other Factors Impacting Payroll Contributions

Total Annual Cash Compensation (TACC) is defined as 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 that are paid to or deferred by you for the previous 12-month period ending each July 31 (for example, annual incentive compensation, commissions, draws, overrides and special recognition payments or incentives). 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 for the remainder of year and through the end of the following year will be equal to base salary plus job differentials as of the employee's hire date. You can find your TACC on the [Benefits Web Center under My Profile > Personal Information > Personal Details](#).

If your TACC increased and caused you to move from one pay tier to another (e.g., from under \$100,000 to \$100,000 or more), you may see a larger-than-expected increase in your employee payroll contributions. Other factors include the medical plan option you choose, the number of dependents you're covering, whether you or your covered spouse/domestic partner completes the wellness screening and wellness assessment by November 22, 2024, whether you or your covered spouse/domestic partner uses tobacco, and your regional cost category.

Your To-Do List

To get the most from your benefits, here's what you need to do to enroll for 2025:

1. Review this guide.

This guide and the Healthcare Plan Comparison Tool (available on [go/CompareHealthPlans](#)) have details about the medical, dental, vision, life insurance and disability coverage options available for 2025. The Comparison Tool shows you your medical, dental, and vision options through interactive comparison charts.

2. Visit the Benefits Web Center.

The [Benefits Web Center](#) has tools and resources to help you review your costs and make enrollment decisions. These include plan summaries and comparison charts and estimator tools, including the new Medical Plan Cost Estimator.

3. Make your choices and enroll October 1-18, 2024.

Enroll in your benefits from Tuesday, October 1, through Friday, October 18, 2024 (11:59 p.m. Eastern time), by accessing the [Benefits Web Center](#) via the Healthcare Plan Comparison Tool or by visiting [My Health > ENROLL NOW](#). Unless you experience a qualified status change during the year, the coverage you elect will be effective January 1, 2025, through December 31, 2025.

Note: If you are on an approved leave of absence as of September 19, 2024, you have a later Annual Enrollment period, October 23-November 8, 2024. Communications will be mailed to your home address. Please review the Leave of Absence section of this bulletin for more information.

4. Review your eligible enrolled dependents.

Review the Dependent Eligibility Requirements when enrolling dependents. You'll need to certify online that your dependent meets these requirements. In addition, you'll be asked to provide proof (within 60 days of request) that the dependent is eligible for coverage if you're adding a new dependent or haven't provided this proof before. Request for verification will be mailed to your home address on file after January 1, 2025.

5. Confirm your coverage.

When you enroll online through the [Benefits Web Center](#), you'll need to "confirm" your elections and those of your spouse/domestic partner and/or dependents to complete enrollment. You'll then receive a confirmation to your work email address summarizing your benefits elections. If you're unable to enroll online and need to enroll by calling Ask JPMC, a confirmation of your 2025 benefits elections will be sent to your work email and mailed to your home address. Please review your confirmation notice carefully to ensure your elections have been captured and reflect your family's needs. Also, be sure to complete any requested actions, such as providing Evidence of Insurability — or proof of good health — that is needed if you make a change to or newly elect employee Supplemental Term Life Insurance and/or employee-paid Long-Term Disability Insurance. Your spouse/domestic partner may also be required to complete an Evidence of Insurability if you are electing or increasing Adult Supplemental Life Insurance for them.

6. Complete your wellness screening and wellness assessment by November 22, 2024 (11:59 p.m. Eastern time). Learn about your health, identify risks and save on your 2025 medical payroll contributions.

If you're enrolled in the U.S. Medical Plan you can save \$500 (individuals) or \$1,000 (couples) on your 2025 medical payroll contributions if you and your covered spouse/domestic partner complete both actions by the deadline. All employees, regardless of medical plan enrollment choice, must complete the wellness assessment with Cigna at mycigna.com to save on medical payroll contributions.

As a reminder, the 2025 medical payroll contributions you'll see on the Benefits Web Center during Annual Benefits Enrollment assume that both you and your covered spouse/domestic partner will complete a wellness screening and assessment between November 18, 2023 and November 22, 2024. In other words, the full \$1,000 savings are reflected in your 2025 medical payroll contributions pending confirmation of your and your covered spouse's completion of the wellness screening and assessment.

All U.S. benefits-eligible employees are eligible for a free wellness screening and online wellness assessment throughout the year — even if you're not enrolled in the Medical Plan.

Enrollment Support

New! Healthcare Plan Comparison Tool (go/CompareHealthPlans): Interactive comparison tables and charts will show the plan options you are eligible for alongside their key highlights and features.

Visit the [Benefits Web Center](#) to review your costs and access tools and resources to help you make enrollment decisions. These include:

New! Medical Plan Cost Estimator: Project out-of-pocket expenses under each of the Medical Plan Options available to you based on where you live using illustrative costs. You'll be able to enter what services you (and your covered dependents) anticipate using in 2025 to estimate total annual costs (payroll contributions plus out-of-pocket expenses) during the plan year and answer preference-based questions to help guide you in your decision-making and which plan may work for you.

Medical Reimbursement Account Value Estimator: Estimate how much money can be earned by completing wellness incentive activities.

Health Care Spending Account Estimator: Plan how much to put into a Health Care Spending Account to avoid contributing too much or too little and maximize tax savings.

Life Insurance Estimator (powered by MetLife): Estimate how much life insurance you should elect.

Health Plan Comparison Charts: Compare the details of the JPMorganChase Medical Plan Options.

Summaries of Benefits and Coverage: Use standardized summaries to compare JPMorganChase Medical Plan Options to external plans (e.g., a spouse's employer's plan).

If you take no action during Annual Enrollment

If you're currently enrolled in a JPMorganChase U.S. Medical Plan and other benefits and take no action during the enrollment period:

- You'll generally default to your current 2024 elections at 2025 rates. For example, if you're currently enrolled with Cigna Plan Option 1, you'll continue to be enrolled with Cigna Plan Option 1 in 2025.
- Your covered dependents will also automatically continue to be covered if they were covered in 2024.
- **IMPORTANT:** You will **not** be enrolled in the Health Care Spending Account (HCSA) or Dependent Care Spending Account (DCSA). Those elections must be made each year; prior year elections don't carry over automatically. If you choose not to contribute to the HCSA in 2025, unused balances up to \$640 will carryover; balances under \$25 will not carry over and will be forfeited.

If you're not currently enrolled in a JPMorgan Chase U.S. Medical Plan and take no action during Annual Enrollment, you will not have another opportunity to enroll in 2025 coverage unless you have a qualifying life event (e.g., getting married).

Questions? Contact Ask JPMC.

If you have questions about your benefits coverage or the enrollment process, need more time to compare options with your spouse's/domestic partner's options, or don't have Internet access from work or home, call 1-844-ASK-JPMC (1-844-275-5762) from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

The Medical Plan

Here's what you can expect from our Medical Plan (Plan Option 1 and 2):

- **Transparency and predictability of in-network costs for routine and high-volume care.** Our plan ensures that you receive in-network routine, urgent and emergency care at fixed-dollar copayments, with no deductible. This means you'll know exactly what you need to pay before you visit. All our plans feature a copay of \$15 or less for primary care office visits and mental health sessions.
- **Deductibles and out-of-pocket maximums tiered based on compensation to maintain affordability.** Other medical services — including higher-cost medical services like radiology (e.g., MRI), outpatient surgery and inpatient hospitalization — will be subject to a deductible, then coinsurance.

JPMorganChase offers the following Medical Plan Options:

- Plan Options 1 and 2 (available through Aetna or Cigna) offer the same covered medical services and supplies, including prescription drugs. Plan Option 1 has higher payroll contributions with lower copays, deductibles and out-of-pocket maximums. Plan Option 2 has lower payroll contributions, but higher copays, deductibles and out-of-pocket maximums. In addition to choosing between the two options, you also choose whether your coverage is provided through Aetna or Cigna, both of which have broad networks of doctors and hospitals. While you're strongly encouraged to use in-network providers, you can use out-of-network providers if you choose. Out-of-network coverage has separate, higher deductibles, out-of-pocket maximums and coinsurance. In addition, covered services performed by providers not participating in the network will be reimbursed at the out-of-network level of benefits, subject to reasonable and customary charges. Charges in excess of reasonable and customary levels are not covered by the Plan. As a result, you could potentially be exposed to large bills for any amounts that exceed these reasonable and customary charges.
- For employees who live in Dallas-Fort Worth, Texas and the surrounding area, the Centivo Select Plan offers medical coverage through a curated network of providers including the Baylor Scott & White health system and other providers, including Catalyst Health Group, Children's Health, Cook Children's, Methodist Health System and Scottish Rite. Out-of-network care is not covered under the Centivo Select Plan, except urgent care when traveling and emergency room visits. Before selecting the Centivo Select Plan, you should review the provider directory available on jpmc.centivo.com. If you're not able to find providers that meet your needs, you should not select this plan.

Plan Options 1, 2 and the Centivo Select Plan are paired with a Medical Reimbursement Account (MRA) which can be used to pay for eligible out-of-pocket medical and prescription drug expenses. The MRA is funded by JPMorganChase when you complete certain Wellness Incentive Activities.

Medical Plan Comparison

This table highlights costs for in-network services. Out-of-network coverage is available for Plan Options 1 and 2. **Centivo Select generally covers in-network care only.**

	Plan Option 1		Plan Option 2		Centivo Select Plan
	TACC: <\$100k	TACC: \$100k+	TACC: <\$100k	TACC: \$100k+	All TACC
Network	Aetna or Cigna		Aetna or Cigna		Centivo
Out-of-network coverage?	Yes		Yes		No, except urgent care when traveling and emergency room*
Primary care doctor selection required?	No		No		Yes**
Primary care referrals to specialist required?	No		No		Yes**
(a) Costs for Medical services (copays, that represent maximum amounts — if the cost of the service is less than the copay, you'll pay the actual cost)					
Preventive Care	\$0				
Primary Care Office Visit (PCP, Pediatrician)	\$15				\$0
OB/GYN Office Visit					
Telehealth					
Mental Health Office Visits					
Specialist Office Visit	\$50	\$75	\$75	\$100	\$30
Physical Therapy, Speech Therapy, Occupational Therapy	\$25	\$25	\$35	\$35	\$20
Chiropractic visit	\$50	\$50	\$50	\$50	\$20
Basic Labs	\$20	\$20	\$35	\$35	\$10
Urgent Care	\$50	\$75	\$75	\$100	\$50
Ambulance	\$250	\$250	\$250	\$250	\$250
Emergency Room	\$300	\$500	\$600	\$800	\$300
(b) Medical deductible					
Employee-Only Coverage	\$250	\$750	\$850	\$1,750	No deductible
Employee + Spouse/Domestic Partner or Employee + Child(ren)	\$400	\$1,400	\$1,600	\$2,800	
Employee + Family (Employee + Spouse/Domestic Partner + Child(ren))	\$700	\$1,800	\$2,300	\$4,000	

(c) Coinsurance and additional copays					
Inpatient Hospital Admission	If medical deductible (b) is not met, member pays 100% of costs. If medical deductible (b) is met, member pays 20% of costs.				\$500 per day
Outpatient Procedure / Surgery					\$300
Standard Radiology					\$50
Advanced Imaging (CT/MRI)					\$150
Durable Medical Equipment					\$100
(d) Out-of-pocket maximum (your “safety net” is the most you’ll pay in a year for medical services; includes what you spend in a + b + c above)					
Employee Only Coverage	\$1,250	\$2,000	\$2,800	\$4,000	\$1,000
Employee + Spouse/Domestic Partner or Employee + Child(ren)	\$2,500	\$3,400	\$4,700	\$5,900	\$2,000
Employee + Family (Employee + Spouse/Domestic Partner + Child(ren))	\$3,500	\$5,100	\$6,600	\$8,400	\$2,800

*In the Centivo Select Plan, urgent care is covered as in-network when traveling outside the Centivo service area. Emergency room visits are covered as in-network.

**In the Centivo Select Plan: You must visit your designated primary care provider for primary care services, otherwise, a \$30 penalty charge will apply to that office visit. There is also a penalty charge, equal to the copay amount listed, if you have a specialist office visit or surgery without getting a referral from your designated primary care provider. No referral is needed for OB/GYN; mental health; urgent or emergency care; physical, occupational or speech therapy; chiropractic care; acupuncture; lab work; x-rays and other covered tests.

The Prescription Drug Plan for all Plan Options is administered by CVS Caremark

This table outlines in-network coverage only.

		Plan Option 1	Plan Option 2	Centivo Select Plan
Preventive (generic and brand drugs)		\$0		
Retail Pharmacy (non-preventive, up to a 30-day supply)	Generic	\$5	\$5	\$5
	Preferred Brand	\$50	\$100	\$50
	Non-Preferred Brand	\$150	\$250	\$150
	Specialty	\$200	\$250	\$200
Mail-Order Pharmacy or Maintenance Choice (non-preventive, up to a 90-day supply)		2x copays above	2x copays above	2x copays above
Deductible		Not applicable	Not applicable	Not applicable
Out Of Pocket Maximum (your “safety net” is the most you’ll pay in a year for prescription drugs)				
Employee Only Coverage		\$1,250		
Employee + Spouse/Domestic Partner or EE + Child(ren)		\$2,000		
Employee + Family (Employee + Spouse/DP + Child(ren))		\$2,600		

Copays represent maximum amounts. If cost of the prescription drug is less than the copay, you’ll pay the actual amount.

The 2025 Wellness Incentive Program

When you enroll in Medical Plan Option 1 or 2, or the Centivo Select Plan, you’re eligible to receive funding in a Medical Reimbursement Account (MRA), which you can use to pay for eligible out-of-pocket medical and prescription drug expenses. You don’t contribute to your own MRA; rather, it’s funded by JPMorganChase when you participate in certain activities.

Those enrolled in Medical Plan Option 1 or 2 are eligible to receive funding up to \$700. For Centivo Select Plan participants, incentives can only be earned through an annual physical or GYN visit for a maximum earning of \$200 per year. No other activities are eligible for wellness incentives in the Centivo Select Plan.

Medical Plan Option 1 and Option 2

Healthy Outcomes (\$200 max)	Preventative Care (\$300 max)	Well-being Activities (\$600 max)
<p>Reaching these outcomes:</p> <p>Body Mass Index (BMI) or waist circumference target (\$100)</p> <p>Blood pressure target (\$100)</p>	<p>Completing preventative screenings*:</p> <p>Annual physical or GYN visit (\$200)</p> <p>Mammogram, prostate screening, colon cancer screening or cervical screening (\$100)</p>	<p>Completing any of the following:</p> <p>Financial well-being activities with My Finances and Me (\$100)</p> <p>Emotional well-being activities throughout meQuilibrium (\$200)</p> <p>Wellness activity tracking through Virgin Pulse** (\$300)</p>

Employees not enrolled in a JPMorganChase U.S. Medical Plan: You’re eligible to earn wellness rewards up to \$400 that are payable through your payroll and taxable for all the above-listed activities, except for activity tracking through Virgin Pulse.

* Covered at 100% (\$0 copay) in-network by our medical plans. Coverage is subject to age and frequency limits.

** Virgin Pulse is available to all benefits-eligible employees, but only those enrolled in JPMC Medical Plan Option 1 or 2 (Aetna or Cigna) can earn MRA funds for completed activities. Please note that Virgin Pulse is changing its name to Personify Health effective January 2025.

For more information on how to complete your annual wellness screening and wellness assessment, go to:

- **Employees at work:** [go/ScreeningandAssessment](#)
- **Employees at home:** [myhealth.jpmorganchase.com](#)
- **Spouses and domestic partners:** [my.questforhealth.com](#) (screening); [mycigna.com](#) (assessment)

Complete your annual wellness screening and assessment by November 22, 2024, to save \$500 on your 2025 medical payroll contributions. This savings doubles if your covered spouse or domestic partner does the same.

To track your wellness screening and assessment completion status, visit [myCigna.com](#).

For New Hires and Employees on Approved Leave of Absence

In some circumstances, employees and their covered spouse/domestic partner may automatically qualify for the payroll contribution savings (\$500 for individuals and \$1,000 for couples), even if they have not completed the above wellness activities:

- **New hires:** Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after September 1, 2024.
- **Leaves of absence:** Employees who are on an approved leave of absence for 45 consecutive days between September 1 and November 22, 2024.

Benefit Selections Available during Annual Enrollment

The table below outlines the benefit options available to you during Annual Enrollment and where to go for help.

Program	Description	Where to go for help
<p>Medical Plan</p>	<p>You have a choice between plans</p> <ul style="list-style-type: none"> • Plan Option 1 (Aetna or Cigna) • Plan Option 2 (Aetna or Cigna) • Centivo Select Plan (Dallas Fort-Worth only) <p>For Plan Option 1 or 2, you can choose which healthcare company (Aetna or Cigna) you would like to enroll with.</p> <p>Prescription drug coverage is part of the Medical Plan, and you won't need to make a separate election. CVS Caremark manages prescription drug coverage for Plan Option 1 or 2 and Centivo Select.</p> <p>Before selecting the Centivo Select Plan, please carefully review the network of providers available as out-of-network care is not covered, except urgent care when traveling and emergency room visits.</p> <p>You can also add dependents to coverage and change your spending account payment method (e.g., automatic claim payment or debit card, if available based on your Plan) during Annual Enrollment.</p>	<p>Plan design details:</p> <ul style="list-style-type: none"> • Benefits Web Center • Healthcare Benefit Comparison Tool <p>Search for in-network providers:</p> <ul style="list-style-type: none"> • Aetna: jpmcbenefits.aetna.com • Cigna: jpmc.cigna.com • Centivo: jpmc.centivo.com • Caremark: http://www.caremark.com/jpmc
<p>Spending Accounts</p>	<p>The Health Care Spending Account (HCSA) allows you to set aside pre-tax money to pay for eligible out-of-pocket healthcare expenses, including medical and prescription drug expenses once your MRA is depleted. You can also use your HCSA to pay for out-of-pocket dental and vision expenses.</p> <p>If you're on an approved Leave of Absence or planning to be on LOA in 2025, review the important information on page 23.</p>	<p>Use the Health Care Spending Account Estimator on the Benefits Web Center.</p> <p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>The Dependent Care Spending Account (DCSA) allows you to set aside pre-tax money to cover eligible child care or adult care expenses, including:</p> <ul style="list-style-type: none"> • Child care expenses for dependent children under the age of 13 • Child care expenses for older children who are disabled • Adult care expenses for your tax-qualified adult dependents 	
<p>Dental</p>	<p>Most eligible participants have two to three options to choose from depending on your home ZIP code. All options provide coverage for preventive care, basic and major restorative care, and orthodontia.</p> <ul style="list-style-type: none"> • Preferred Dentist Program – PDP (MetLife) • Dental Maintenance Organization – DMO (Aetna*) • Dental Health Maintenance Organization – DHMO (Cigna*) <p>Before selecting the Aetna DMO or Cigna DHMO, please carefully review the network of dental providers available under these two options as out-of-network coverage is not available. If you cannot find a dentist near you under these two options you should select the MetLife PDP option which offers the choice between in-network and out-of-network dental care (with no deductibles applied to in- or out-of-network preventative services).</p> <p>*Independent of the healthcare company you choose for medical.</p>	<p>Search for providers for each of these options on the Benefits Web Center.</p>

Vision	The Vision Plan, administered by EyeMed, helps you and your family pay for covered vision expenses, such as eye exams, prescription glasses (lenses and frames) and contact lenses.	Search for providers on the Benefits Web Center .
Tobacco Cessation Program	Save on medical payroll contributions and Supplemental Life and Long-Term Disability Insurance when you complete the program by December 6, 2024.	Enroll at myquitforlife.com/jpmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.
Life and Accident Insurance	<p>You can elect to purchase Supplemental Term Life (STL) and Accidental Death and Dismemberment (AD&D) Insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier. You pay the full cost of the STL and AD&D insurance you elect for yourself, your spouse/domestic partner, and your eligible dependents. You can choose your coverage level for yourself, your spouse/domestic partner, and your child(ren) when enrolling.</p> <p>Reminder: JPMorganChase automatically provides Basic Life Insurance equal to one time your TACC up to a maximum of \$100,000.</p>	Visit the Benefits Web Center .
Long-Term Disability	<p>Long-Term Disability (LTD) coverage provides income replacement if you're unable to work for an extended period due to an illness or injury.</p> <p>Reminder: The employer-paid Long-Term Disability Plan is expanding to provide automatic coverage to include employees whose Total Annual Cash Compensation (TACC) is less than \$80,000, for initial dates of disability beginning on or after January 1, 2025.</p>	Visit the Benefits Web Center .
Group Legal Services Plan	Our Group Legal Services Plan gives you and your family access to an affordable network of attorneys for routine legal services related to personal and family legal issues, such as wills and estate planning, real estate matters, family law, name changes, consumer protection, traffic matters and more.	Visit the Benefits Web Center .

<p>Group Personal Excess Liability Insurance Plan</p>	<p>This coverage offers additional liability protection — sometimes referred to as umbrella coverage — for damages and costs arising from bodily injury or personal injury to others, or for damages to the property of others. 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. View changes effective January 1, 2025 on page 6.</p>	<p>For more information, visit the Benefits Web Center.</p> <p>If enrolled, call Marsh McLennan Agency Private Client Services: 1-855-426-1380.</p>
<p>Employee Stock Purchase Plan</p>	<p>You're eligible to enroll in the Employee Stock Purchase Plan (ESPP) during each annual enrollment period if you're a U.S. benefits-eligible employee, you were hired on or before September 30, and your Total Annual Cash Compensation (TACC) is less than \$250,000. This is an opportunity to become an owner of JPMorganChase and purchase the company's common stock through payroll contributions at a 5% discount and without paying a broker's fee. Stock purchases take place on the first day that trading is conducted on the NYSE in January, April, July and October.</p>	<p>Learn more by reviewing the Employee Stock Purchase Plan Prospectus.</p>

Information for Employees on an Approved Leave of Absence (LOA)

Important Annual Enrollment information for employees on an approved Leave of Absence as of September 19, 2024 (regardless of return to active employment status after this date), or those who go on leave in 2025 :

- Your Annual Enrollment period will begin October 23, 2024, and end November 8, 2024.

If you are on an approved Leave of Absence when you submit your 2025 Benefit Elections:

- For Supplemental Term Life Insurance and Accidental Death and Dismemberment Insurance, you can elect to decrease or waive coverage, but you will not have the option to increase your coverage while on leave.
- For the Health Care Spending Account, if you're on paid leave, you may elect coverage. However, if you're on an unpaid leave, you will not be given the option to elect a Health Care Spending Account. When you return to active employment after an unpaid leave, you'll have 31 days to enroll in the Health Care Spending Account.
- If you're currently enrolled in the Long-Term Disability (LTD) Plan, coverage under the LTD Plan automatically ends after 16 consecutive weeks of non-medical paid or unpaid Leave of Absence. Should you fall into this situation and want to continue coverage, you will need to re-elect LTD Plan coverage within 31 days of your return to active employment, and you must satisfy Evidence of Insurability (EOI) before coverage is reinstated. Please note: This only applies to you if you're enrolled in employee-paid LTD coverage.
- If you're enrolled in Company-paid LTD, your coverage will be automatically reinstated when you return to active employment, and no EOI will be required.
- A confirmation of your 2025 benefits elections will be mailed to your home address.

If you are on an approved Leave of Absence during 2025:

- While on leave, you're not eligible for the Dependent Care Spending Account (DCSA), and your participation ends. When you return to active employment, you'll have 31 days to enroll in the Dependent Care Spending Account. Please be aware that any period of time during the year you are not eligible for the DCSA, such as periods of LOA, you may not receive reimbursement for expenses incurred during the dates of ineligibility. Each period of participation in the account is an independent period of eligibility and funds are not cumulative. This means if you participate in the account January 1-March 31 and have \$1,200 in contributions, you may receive up to \$1,200 in reimbursement for eligible expenses incurred January 1-March 31. If following a leave of absence, you re-elect the account within 31 days starting August 1 and remain participating through December 31, contributing \$2,000, you may receive up to \$2,000 in reimbursement for eligible expenses incurred August 1-December 31. Please note this can be especially important for employees taking a parental leave of absence.

Where to Go for Help

If you have questions about your benefits coverage or the enrollment process, need more time to compare options with your spouse's/domestic partner's options, or don't have internet access from work or home, call 1-844-ASK-JPMC (1-844-275-5762) from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

Disclosures and Disclaimers

This 2025 Annual U.S. Benefits Enrollment Bulletin (Bulletin) and enclosed materials modify the Summary Plan Description (Guide) and is intended to be a summary of material modifications (SMM) with respect to the applicable plans under the JPMorgan Chase U.S. Benefits Program. It supplements, clarifies, and amends various sections of the Guide and should be referred to as part of the Guide and applicable component SPDs. You are encouraged to save or print this document and retain it for your records. If there is a discrepancy between the terms of the JPMorgan Chase U.S. Benefits Program or its applicable component plan(s), as amended, and this SMM, the terms of the JPMorgan Chase U.S. Benefits Program or the applicable component plan(s), as amended, will control.

This Bulletin is currently available on My Health > [2025 Benefits Resources](#) and on the [Benefits Web Center](#).

Benefit reminders: Review several disclosures and annual notices that are required by law for companies that offer group health plans.

Important disclaimers: Review important disclaimers regarding the JPMorgan Chase U.S. Benefits Program.