



The Retiree Vision Plan

Effective 1/1/20

The Retiree Vision Plan is available to pre-Medicare eligible retirees and their eligible pre-Medicare dependents. It is also available to pre-Medicare eligible dependents of Medicare-eligible retirees and to pre-Medicare eligible dependents of Medicare-eligible individuals receiving long-term disability benefits from JPMorgan Chase. The Retiree Vision Plan is designed to help pre-Medicare eligible individuals and their family pay for covered vision expenses, such as eye exams, prescription glasses (lenses and frames), and contact lenses.

Effective December 31, 2014, JPMorgan Chase generally terminated retiree health coverage (medical, prescription drug, dental and vision) for individuals who are Medicare-eligible and are retired, are receiving benefits under the Long-Term Disability (LTD) Plan, or are covered dependents of these individuals once they are Medicare-eligible. Instead, Medicare-eligible participants have access to individual health care coverage available through Via Benefits, a private Medicare exchange, which is not coverage sponsored by JPMorgan Chase.

The JPMorgan Chase U.S. Retiree Benefits Program is available to individuals who met the applicable retiree benefits age and service criteria when their employment terminated with JPMorgan Chase or a heritage organization. This information does not include all of the details contained in the applicable insurance contracts, plan documents, and trust agreements. If there is any discrepancy between this information and the governing documents, the governing documents will control. JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce, change, or terminate its benefits and plans at any time, including its U.S. Retiree Benefits Program. The JPMorgan Chase U.S. Retiree Benefits Program does not create a contract or guarantee of employment between JPMorgan Chase and any individual. JPMorgan Chase or you may terminate the employment relationship at any time.



Questions?

For questions about enrollment and eligibility, contact HR Answers at (877) JPMChase [(877) 576-2427] or (212) 552-5100, if calling from outside the United States. Service Representatives are available Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays.

To update your profile on My Personal Profile, visit <https://mpp.jpmorganchase.com>.

For claims and other Plan questions, call the Retiree Vision Plan's claims administrator:

- EyeMed Vision Care at (833) 279-4363

Service Representatives can be reached from 7:30 a.m. to 11 p.m., Eastern Time, Monday through Saturday; 11 a.m. to 8 p.m., Eastern Time, Sunday

You can also obtain answers to general questions, enroll or find claim forms online at **My Health** (<https://myhealth.jpmorganchase.com>):

- To enroll or access Vision Plan information, access the Benefits Web Center using Single Sign-On password: **My Health** > Benefits Web Center
- Vision Claim forms for out-of-network benefits: **My Health** > Claim forms.

Medicare-eligible individuals should contact Via Benefits for questions about coverage offerings at (844) 448-7300, 8 a.m. to 9 p.m., Eastern Time, Monday through Friday, except certain U.S. holidays.

About this Summary Plan Description

This document is the Vision Plan section of the summary plan descriptions for the JPMorgan Chase U.S. Retiree Benefits Program. The U.S. Department of Labor requires JPMorgan Chase to routinely provide benefits plan summaries to plan participants. Please retain this information for your records. This document also constitutes the plan document for the Retiree Vision Plan. It does not include all of the details contained in the applicable insurance contracts. If there is a discrepancy between the applicable insurance contracts and this document, the insurance contracts will control.



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Vision Coverage Highlights

My Health

My Health is your central online resource for the JPMorgan Chase Retiree Benefits Program. From **My Health** you can easily connect to the EyeMed website to find in-network providers, check claims status, and much more.

Your Choices

The JPMorgan Chase Retiree Vision Plan lets you choose to receive eye care from an EyeMed network provider or non-network provider each time you need vision services. You will generally pay less for your eye care when you use an EyeMed network provider for two reasons:

- EyeMed network provider eye care is generally covered at a higher benefit level than care received through a non-network provider; and
- EyeMed network providers have agreed to charge negotiated fees for their services and/or eyewear when treating JPMorgan Chase Retiree Vision Plan participants.

Your Coverage Level

You can select from the following coverage levels, as shown below:

- You only;
- You and your spouse/domestic partner, or you and your child(ren); or
- Your family (you, your spouse/domestic partner, and your children).

Covered Services

Covered services include all of the following:

- Eye exams;
- Lenses;
- Frames; or
- Contact lenses.

Vision Exams Not Covered by JPMC Retiree Medical Coverage

Because routine eye exams are not covered under the JPMorgan Chase Retiree Medical Plan options, you will need to enroll in the Vision Plan to be covered for routine vision benefits.



Participating in the Retiree Vision Plan

The Retiree Vision Plan gives you access to a nationwide network of private practice optometrists, ophthalmologists and optical retailers. Each time you need vision care:

- You can go to any EyeMed network provider — a provider who was selected by EyeMed and who participates in the EyeMed network. When you use an EyeMed network provider, you receive a higher level of benefits, and your out-of-pocket expenses are lower.
- You can go to any non-network provider — a licensed eye care professional who doesn't participate in the EyeMed network. When you use a provider who doesn't participate in the network, you receive a lower level of benefit, and your out-of-pocket expenses are higher.

Whether you see an EyeMed network provider or a non-network provider, the Plan covers a range of vision care services and eyewear, including eye exams, frames and lenses, contact lenses and fittings.

Keep in mind that you always have the freedom to choose your eye care provider and the services you receive, regardless of what the Plan covers or pays, but you're responsible for the costs not covered by the Plan.

Eligibility

Your participation in the JPMorgan Chase Retiree Vision Plan is optional. In general, you are eligible to participate if you are a retiree of JPMorgan Chase (retired at least at age 55 with 15 years of total service or under the rules of retirement in effect at the time you left JPMorgan Chase & Co) and are not yet eligible for Medicare. You are also eligible to participate if you are a pre-Medicare-eligible dependent of a pre-Medicare or Medicare-eligible retiree, or a pre-Medicare eligible dependent of a Medicare-eligible individual receiving long-term disability benefits from JPMorgan Chase.

Coverage Categories

When you enroll in the Retiree Vision Plan, you can select from the following coverage categories:

- You only;
- You plus spouse/domestic partner or you plus child(ren); and
- Family (you plus spouse/domestic partner plus child(ren)).

Your Eligible Dependents

In addition to covering yourself under the Retiree Vision Plan, you can also cover your eligible pre-Medicare dependents. For details about your eligible dependents, please see "Your Eligible Dependents" in the *Retiree Medical Plan* Summary Plan Description.

Cost of Coverage

You pay the full cost of coverage under each of the Retiree Vision Plan coverage categories at retiree group rates. JPMorgan Chase will not subsidize any portion of this cost for coverage. You pay for coverage with after-tax dollars. Your cost for coverage depends on the coverage category you select. Each year, your annual benefits enrollment materials will show the cost of the coverage.

Your contributions for the cost of coverage start when your coverage begins. Your contributions are billed to you on a monthly basis. You will receive information about your eligibility and cost for retiree vision coverage when you retire. JPMorgan Chase will adjust costs for retiree vision coverage periodically, generally at the beginning of each plan year (January 1). If you elect retiree vision coverage you will initially be billed on a monthly basis. You will be offered the opportunity to have the monthly cost of your retiree vision coverage deducted from your personal checking or savings account upon receipt of your signed authorization.



Please Note: If you do not pay your retiree vision premiums on a timely basis, your coverage will be canceled, you will not be able to re-enroll in the future, and COBRA will not be offered.

How to Enroll

Participation in the Retiree Vision Plan is optional.

If You	What You Need to Do to Enroll
Are a Current Participant	<p>During annual benefits enrollment, you can make your election through the Benefits Web Center on My Health or by contacting HR Answers. At the beginning of each enrollment period, you'll receive instructions on how to enroll.</p> <p>You'll also receive information about the Plan coverage categories available to you and its costs at that time. You need to consider your choice carefully; you can't change your enrollment decision during the year unless you have a Qualified Status Change. Please see "Qualified Status Changes" on page 7 for more information.</p>
Are Newly Eligible for Coverage	<p>If you're enrolling for the first time, you need to make your choices through the Benefits Web Center on My Health or by contacting HR Answers within 31 days of your date of retirement (or within 31 days of becoming eligible for benefits as the dependent of an individual receiving long-term disability benefits from JPMorgan Chase). There is no deferral of coverage feature in the JPMorgan Chase Retiree Plans.</p> <p>You can access your benefits enrollment materials online at the Benefits Web Center.</p>
Have a Qualified Status Change – Pre-Medicare-Eligible Dependent of Individual Receiving Long-Term Disability Benefits from JPMorgan Chase	<p>If you're enrolling an eligible dependent during the year because you or that dependent has had a Qualified Status Change, you'll have 31 days from the date of the change in status to make your new choices through the Benefits Web Center on My Health or by contacting HR Answers. Please see "Qualified Status Changes" on page 7 for more information.</p>

Note: You or your eligible dependent(s) must call HR Answers to enroll.

If You Do Not Enroll

If You	What You Need to Do to Enroll
Are a Current Participant	<p>If you're already participating in the Retiree Vision Plan, are pre-Medicare eligible, and don't cancel coverage during annual benefits enrollment, you'll generally keep the same coverage for the following plan year that you had before the annual benefits enrollment (if available) or you'll be assigned coverage by JPMorgan Chase. However, you'll be subject to any changes in the Plan and coverage costs.</p>
Are Newly Eligible for Coverage – Retiree and Dependents of Retirees	<p>If you're newly eligible for coverage and don't enroll before the end of the designated 31-day enrollment period, you won't be eligible for coverage from the Retiree Vision Plan anytime in the future. There is no deferral of coverage feature in the JPMorgan Chase Retiree Plans.</p>



If You	What You Need to Do to Enroll
Are Newly Eligible for Coverage – Pre-Medicare-Eligible Dependent of Individual Receiving Long-Term Disability Benefits from JPMorgan Chase	If you're newly eligible for coverage and don't enroll before the end of the designated 31-day enrollment period, you won't be able to make the change in coverage until the following annual benefits enrollment.

When Coverage Begins

If You	When the Coverage You Elect Begins
Are Currently Participating	The coverage you elect during annual benefits enrollment takes effect the beginning of the following plan year (January 1).
Are a Newly Eligible for Coverage	<p>The coverage you elect as a newly eligible individual takes effect on the first of the month following your date of eligibility.</p> <p>Note to former employees: If you're eligible for coverage under the Retiree Vision Plan and due to job elimination are receiving a subsidy from JPMorgan Chase toward the cost of your COBRA Medical or Vision Plan coverage, you may continue your COBRA coverage until the COBRA subsidy period expires (up to six months on COBRA coverage depending on your years of service). After your COBRA subsidy expires, you can either continue with unsubsidized COBRA coverage for the remainder of your COBRA period (generally 18 months) paying the full cost of coverage or elect retiree coverage. If you elect to continue with COBRA, at the end of your COBRA period, you will not be able to elect retiree vision coverage through JPMorgan Chase (if pre-Medicare) at any time in the future.</p>
Have a Qualified Status Change	The coverage you elect as a result of a qualifying event will take effect as of the day of the qualifying event. Please see " Qualified Status Changes " on page 7 for more information.

Qualified Status Changes

The Retiree Vision Plan elections you make during annual benefits enrollment will stay in effect through the following plan year (or the current plan year if you enroll during the year as a newly eligible retiree). However, you may be permitted to change your elections before the next annual benefits enrollment if you have a Qualified Status Change. If you are a pre-Medicare retiree or dependent of a retiree and have elected not to participate in the Retiree Vision Plan, a Qualified Status Change does not allow you or your dependents to re-enter the Plan. **Please Note:** Any changes you make during the year must be consistent with your Qualified Status Change.

You need to enroll through the Benefits Web Center on [My Health](#) or by contacting HR Answers within 31 days of the qualifying event for coverage to be effective the date of the event. Otherwise, you will not be able to make the change in coverage until the next annual benefits enrollment.

You can also visit the Benefits Web Center on [My Health](#) or contact HR Answers and speak with a Service Representative, if you have questions during the year about qualifying events and what the allowed benefit changes are.



Qualified Status Changes under the Retiree Vision Plan are listed below.

Retiree Vision Plan Changes for Qualified Status Changes	
Event	Retiree Vision Plan Changes
You and/or Your Covered Dependents Gain Other Benefits Coverage*	Cancel coverage for yourself and/or your covered dependents who have gained other coverage.
You Get Legally Separated or Divorced	Cancel coverage for your former spouse and/or children who are no longer eligible.
You End a Domestic Partner Relationship or Civil Union	Cancel coverage for your domestic partner and your domestic partner's eligible children who are no longer eligible.
A Child Is no Longer Eligible for Coverage*	Cancel coverage for your child.
A Covered Family Member Dies*	Cancel coverage for your deceased dependent and any children who are no longer eligible

* Also applies to a domestic partner relationship.

If you are an individual receiving long-term disability benefits from JPMorgan Chase or the pre-Medicare-eligible dependent of a Medicare-eligible individual receiving long-term disability benefit from JPMorgan Chase, other qualified status change scenarios may apply. Please contact HR Answers.

Note for retirees and dependents of retirees: Once you have cancelled coverage, you cannot enroll yourself or your dependents at any time in the future.

What Is Covered

The Retiree Vision Plan covers a variety of services. The way benefits are paid depends on whether you receive your eye care from an EyeMed network provider or a non-network provider. **Please Note:** Since routine eye exams are not covered under the JPMorgan Chase Retiree Medical Plan, you will need to enroll in the Retiree Vision Plan to be covered for routine vision benefits.

Selecting an EyeMed Network Provider

If you decide to enroll in the Retiree Vision Plan and want to use an EyeMed network provider, you can choose a different provider for yourself and for each covered dependent. EyeMed network providers include private practitioners, regional retail locations, as well as the nation's premier retailers, LensCrafters®, Target Optical, and most Pearle Vision locations.

You can easily check which providers participate in the EyeMed network by using the Enrollment Decision Toolkit on the Benefits Web Center via [My Health](#) or by accessing the EyeMed website (if you are enrolled in the Retiree Vision Plan). You can also call EyeMed if you need help finding an EyeMed network provider. Please see ["Questions?"](#) on page 2.



What the Plan Provides

Care and Service*	In-Network Cost	Non-Network Reimbursement
WellVision Exam® ** (A complete initial vision analysis, which includes a comprehensive visual exam, including the prescription for corrective eyewear, if necessary)	\$0 copayment	Reimbursed up to \$45
Retinal Screening, an enhancement to the WellVision Exam®	Up to \$39 copayment	No coverage
Lenses** Single vision lenses** (Lenses having one part that corrects for either near vision or distant vision)	\$10 copayment	Reimbursed up to \$35
Lined bifocal lenses** (Lined lenses having one part that corrects for near vision, one for distant vision)	\$10 copayment	Reimbursed up to \$50
Lined trifocal lenses** (Lined lenses having one part that corrects for near vision, one for intermediate vision, and one for distant vision)	\$10 copayment	Reimbursed up to \$65
Lens options**		
• Standard progressive lenses	\$65	Reimbursed up to \$50
• Premium progressive lenses	\$95-\$185	Reimbursed up to \$50
• Standard Polycarbonate lenses	Fully covered without a copayment	Adults: Reimbursed up to \$21 Children under age 19: Reimbursed up to \$11
• Tints (Solid or Gradient)	Fully covered without a copayment	Reimbursed up to \$11
• Standard Scratch Coating	Fully covered without a copayment	Reimbursed up to \$11
• UV Coating	\$15 copayment	No coverage
• Standard anti-reflective coating	\$45 copayment	Reimbursed up to \$5
• Premium anti-reflective coating	\$57-\$85 copayment	No coverage
Frames**	For frames purchased at in-network providers: \$150 allowance; plus 20% discount off amount over the allowance	Reimbursed up to \$75



Care and Service*	In-Network Cost	Non-Network Reimbursement
Contact lenses** Please Note: If you choose contacts, you won't be eligible to receive eyeglass lenses as a covered benefit during the same calendar year.		
<ul style="list-style-type: none"> Standard Contact lens exam (fitting and evaluation) Premium Contact lens exam (fitting and evaluation) 	<ul style="list-style-type: none"> Copayment of up to \$40 Copayment of up to \$55 	<ul style="list-style-type: none"> No coverage
Contact lens <ul style="list-style-type: none"> Disposable Contacts Conventional Contacts Medically Necessary Contacts*** 	<ul style="list-style-type: none"> \$150 allowance \$150 allowance, plus 15% off amount over the allowance Paid-in-full 	<ul style="list-style-type: none"> Reimbursed up to \$120 Reimbursed up to \$120 Reimbursed up to \$210
Other Services		
Laser vision correction	15% off retail price or 5% off promotional prices	Not covered

* Coverage through in-network retail chains may be different and is subject to change. Chains may include but are not limited to LensCrafters®, Target Optical, and most Pearle Vision locations. Consult the EyeMed website accessible via the Benefits Web Center or [My Health](#).

** Limited to once per calendar year per covered individual.

*** The Plan provides coverage for medically necessary contact lenses when one of the following conditions exists:

- Anisometropia** of 3D in meridian powers
- High Ametropia** exceeding -10D or +10D in meridian powers
- Keratoconus** where vision is not correctable to 20/30 in either or both eyes using standard spectacle lenses
- Vision Improvement** where vision can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses

The benefit may not be expanded for other eye conditions even if you or your providers deem contact lenses necessary for other eye conditions or visual improvement.

Low Vision Benefits

When you visit an EyeMed network provider, the Plan may provide certain benefits if you have severe vision problems that are not correctable with regular lenses. To receive benefits, your provider must complete and submit a Low Vision Authorization Form to EyeMed. The chart below shows how the Retiree Vision Plan pays benefits for low vision (in-network only).

Care and Service	Benefits Paid (In-Network Only)
Low vision aids approved by the claims administrator	Preferred or Non-Preferred Provider: 25% copayment, up to a \$1,000 maximum allowance every two years
Supplementary testing approved by the claims administrator (a complete low vision analysis and diagnosis which provides a comprehensive vision exam, including prescription corrective eyewear or other vision aids)	<ul style="list-style-type: none"> Preferred Provider: Covered in Full Non-Preferred Provider: Reimbursed up to \$125



Diabetic Eye Care Benefit

Members who have Type 1 or Type 2 diabetes are eligible to receive supplemental coverage for additional services from their vision provider. With this benefit, you can obtain a vision evaluation every six months to monitor for signs of diabetic complications. Subject to provider determination and benefit frequency limitations, you may also receive the following diagnostic testing: Retinal imaging, extended ophthalmoscopy, gonioscopy and laser scanning. If you have questions, please contact EyeMed's Customer Care Center.

Availability of diagnostic equipment and services varies by location. Members are encouraged to call their provider to confirm availability of services.

The following chart shows how the Vision Plan pays benefits for **both** Type 1 and Type 2 diabetes.

Care and Service	In-Network Cost	Non-Network Reimbursement
Office Service Visit (Medical Follow-up Exam)	\$20 copayment	\$77
Retinal Imaging*	\$0 copayment	\$50
Extended Ophthalmoscopy**	\$0 copayment	\$15
Gonioscopy	\$0 copayment	\$15
Scanning Laser	\$0 copayment	\$33

* Not covered if extended ophthalmoscopy is provided within six months.

** Not covered if retinal imaging is provided within six months.

Additional Discounts

Under the Plan, you may receive benefits for eyeglasses (frame and lenses) or contact lenses as outlined on the Summary of Vision Care Services. In addition, EyeMed provides an in-network discount on products and services once your in-network benefits for the applicable benefit period have been exhausted. The in-network discounts are as follows:

- 40% off a complete pair of eyeglasses (including prescription sunglasses)
- 15% off conventional contact lenses
- 20% off items not covered by the Plan at network providers
- View additional discounts under Special Offers through EyeMed's website

These in-network discounts may not be combined with any other discounts or promotional offers. Discounts do not apply to EyeMed Provider's professional services, disposable contact lenses or certain brand name vision materials in which the manufacturer imposes a no-discount practice or policy.

Discounts on services may not be available at all participating providers. Prior to your appointment, please confirm with your provider whether discounts are offered.



What Is Not Covered

While the JPMorgan Chase Retiree Vision Plan covers a variety of vision expenses, not all expenses are covered. Benefits paid are subject to certain limitations and maximums set by the claims administrator. You are responsible for paying the cost of any optional items or services not covered by the Retiree Vision Plan. You are also responsible for payment of any applicable sales tax.

The expenses listed below are not covered. This list of excluded expenses may change at any time.

- Any costs that exceed the allowance;
- Special lens coatings or laminations; and
- Special or designer frames or oversized lenses.

Limitations and Exclusions

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing;
- Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes, or supporting structures*;
- Any eye or vision examination, or any corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the Plan;
- Services provided as a result of any workers' compensation law; or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
- Non-prescription lenses and non-prescription sunglasses (except for 20% discount);
- Two pairs of glasses in lieu of bifocals;
- Services rendered after the date an Insured Person ceases to be covered under the Plan, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
- Services or materials provided by any other group benefit plan providing vision care;
- Certain frames in which the manufacturer imposes a no discount policy; and
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next plan year, when vision benefits would again become available

* **Please Note:** These expenses may be covered by the JPMorgan Chase Retiree Medical Plan. Refer to the *Retiree Medical Plan* Summary Plan Description for additional information.

Other Limitations

If you choose contact lenses, you will not be eligible to receive prescription lenses as a covered benefit during the same calendar year.

Right of Recovery

If the Retiree Vision Plan provides benefits to you or a covered dependent that are later determined to be the legal responsibility of another person or company, the Retiree Vision Plan has the right to recover these payments from you or from the person or company who is determined to be legally responsible.

Assignment of your claim to a third party does not exempt you from your responsibility for repaying the Plan. You must notify the Plan promptly of any circumstance in which a third party may be responsible for compensating you with respect to an illness or injury that results in the Plan making payments on your behalf.



Subrogation of Benefits

The purpose of the Retiree Vision Plan is to provide benefits for eligible vision expenses that are not the responsibility of any third party. The Retiree Vision Plan has the right to recover from any third party responsible for compensating you with respect to an illness or injury that results in the Plan making payments on your behalf or on behalf of a covered dependent. This is known as subrogation of benefits. The following rules apply to the Plan's subrogation of benefits rights:

- The Plan has first priority from any amounts recovered from a third party for the full amount of benefits it has paid on your behalf regardless of whether you are fully compensated by the third party for your losses.
- You agree to help the Plan use this right when requested.
- In the event that you fail to help the Plan use this right when requested, the Plan may deduct the amount the Plan paid from any future benefits payable under the Plan.
- The Plan has the right to take whatever legal action it deems appropriate against any third party to recover the benefits paid under the Plan.
- If the amount you receive as a recovery from a third party is insufficient to satisfy the Plan's subrogation claim in full, the Plan's subrogation claim shall be first satisfied before any part of a recovery is applied to your claim against the third party.
- The Plan is not responsible for any attorney fees, attorney liens or other expenses you may incur without the Plan's prior written consent. The "common fund" doctrine does not apply to any amount recovered by any attorney you retain regardless of whether the funds recovered are used to repay benefits paid by the Plan.

Right of Reimbursement

In addition to its subrogation rights, the Retiree Vision Plan is entitled to reimbursements from a covered person who receives compensation from any third parties (other than family members) for vision expenses that have been paid by the Retiree Vision Plan.

The following rules apply to the Plan's right of reimbursement:

- You must reimburse the Plan in first priority from any recovery from a third party for the full amount of the benefits the Plan paid on your behalf, regardless of whether you are fully compensated by the third party for your losses.
- Regardless of any allocation or designation of your recovery made in a settlement agreement or court order, the Plan shall have a right of full reimbursement, in first priority, from the recovery.
- You must hold in trust for the benefit of the Plan the gross proceeds of a recovery, to be paid to the Plan immediately upon your receipt of the recovery. You must reimburse the Plan, in first priority and without any set-off or reduction for attorney fees or other expenses. The "common fund" doctrine does not apply to any funds recovered by any attorney you retain regardless of whether the funds recovered are used to repay benefits paid by the Plan.
- If you fail to reimburse the Plan, the Plan may deduct any unsatisfied portion of the amount of benefits the Plan has paid or the amount of your recovery from a third party, whichever is less, from future benefits payable under the Plan.
- If you fail to disclose the amount of your recovery from a third party to the Plan, the Plan shall be entitled to deduct the full amount of the benefits the Plan paid on your behalf from any future benefits payable under the Plan.



Claiming Benefits

The following explains when and how to file claims for vision expenses. For more information on your rights with respect to claims, please see the *Retiree Plan Administration* document.

How to File Claims

Rules regarding claims depend on whether you receive your eye care from an EyeMed network provider or a non-network provider, as shown below:

Provider	Claims Process
EyeMed Network Provider Benefits	When you receive services at a participating EyeMed Network Provider, the provider will file your claim. You will have to pay the cost of any services or eyewear that exceeds any allowances, and any applicable copayments. You will also owe state tax, if applicable, and the cost of non-covered expenses (for example, vision perception training).
Out-of-Network Provider Benefits	You must file a claim. You may file electronically through EyeMed's website or you may mail in a claim form. Claim forms are available on My Health or through EyeMed's website. You can receive reimbursement up to specific dollar amounts for annual exams and eyewear if you use a non-network provider. You first pay the provider the full cost for services rendered and/or eyewear purchased, and then submit a claim to EyeMed. Please see " Where to Submit Claims " on page 15 for your claim administrator's phone and address information.

To have your claim considered for benefits, you need to file your claim by December 31 of the year following the year in which the services were provided. If you fail to meet this deadline, your claim will be denied. Be sure to attach itemized bills or receipts to your claim form, and keep copies for your records.

Your claim must include your receipts showing:

- An itemized listing of the services received;
- The non-network provider's name, address, and phone number;
- The covered member's name, address, and phone number;
- The covered member's Member ID number;
- The group name (JPMorgan Chase);
- The patient's name, date of birth, address, and phone number; and
- The patient's relationship to the covered member (such as self, spouse, child, etc.).

Separate claim forms must be submitted for each family member for whom a claim is made. After you submit a claim, you will receive an Explanation of Benefits (EOB) explaining how the benefit was paid.



Where to Submit Claims

First American Administrators (FAA) is the Vision Plan's claims administrator:

FAA/EyeMed Vision Care

Attn: OON Claims

P.O. Box 8504

Mason, OH 45040-7111

(833) 279-4363

Service Representatives can be reached from 7:30 a.m. to 11 p.m., Eastern Time, Monday through Saturday; 11 a.m. to 8 p.m., Eastern Time, Sunday.

Time Frames for Processing Claims

FAA will decide claims within the time permitted by applicable state law, but generally no longer than 30 days after receipt. If FAA needs additional time to decide a claim, it will send you a written notice of the extension, which will not exceed 15 days. If FAA needs additional information from you in order to decide the claim, FAA will send you a written notice explaining the information needed. You will have 45 days to provide the information to FAA. If your claim is denied, in whole or in part, FAA will inform you of the denial in writing.

Appealing Claims

If a claim for reimbursement under the Retiree Vision Plan is denied, either in whole or in part, you can appeal the denial by following the appropriate procedures described in the *Retiree Plan Administration* document.

Additional Plan Information

Your primary contact for all matters relating to Retiree Vision Plan benefits is your claims administrator (see "[Questions?](#)" on page 2). Contact HR Answers for information about general administration issues such as enrollment and eligibility for the Plan.

Your benefits as a participant in the Retiree Vision Plan are provided under the terms of this document and insurance contracts, if any, issued to JPMorgan Chase. If there is a discrepancy between the insurance contracts and this document, the insurance contracts will control.

Please Note: No person or group, other than the plan administrator for the JPMorgan Chase U.S. Retiree Benefits Program, has any authority to interpret the Retiree Vision Plan (or official plan documents) or to make any promises to you about them. The plan administrator for the JPMorgan Chase U.S. Retiree Benefits Program has complete authority in his or her sole and absolute discretion to construe and interpret the terms of the Retiree Vision Plan and any underlying insurance policies and/or contracts, including the eligibility to participate in the Retiree Vision Plan. All decisions of the plan administrator for the JPMorgan Chase Retiree Benefits Program are final and binding upon all affected parties.

HIPAA Privacy Rights and Protected Health Information

JPMorgan Chase is committed to maintaining the highest level of privacy and discretion regarding your personal compensation and benefits information. The Health Insurance Portability and Accountability Act (HIPAA) legally requires employers — like JPMorgan Chase — to specifically communicate how certain "protected health information" under retiree health care plans may be used and disclosed, as well as how plan participants can get access to their protected health information.

JPMorgan Chase may only use and disclose protected health information received from the Retiree Vision Plan claims administrator in ways that are permitted by, required by, and consistent with HIPAA privacy regulations.



For details about HIPAA privacy regulations and your rights with regard to this information, please see “HIPAA Privacy Rights and Protected Health Information” in the *Retiree Medical Plan* Summary Plan Description.

Qualified Medical Child Support Orders

If the Retiree Vision Plan receives a judgment, decree or order known as a Qualified Medical Child Support Order (QMCSO) requiring the plan to provide health coverage to your child or foster child who is your dependent, the Retiree Vision Plan will automatically change your benefits elections to provide coverage for the child. In the case of a child whom you are required to cover pursuant to a QMCSO, coverage will begin on the date the QMCSO is processed by JPMorgan Chase. You may decrease your coverage for that child, if the court order requires the child's other parent to provide coverage and your spouse's or former spouse's plan actually provides that coverage. You also may make other corresponding changes to your benefits elections under the Retiree Vision Plan, to the extent permitted by the Internal Revenue Code and the Retiree Vision Plan.

If Your Situation Changes

The following chart summarizes how your JPMorgan Chase Retiree Vision Plan coverage may be affected in certain situations.

Event	How Coverage Is Affected
You Divorce or Become Legally Separated	<p>If your spouse and/or dependent children lose coverage as a result of divorce/separation, they may have a right to elect COBRA for up to 36 months. (Please see the <i>Retiree Plan Administration</i> document for more information.)</p> <p>If you divorce or become legally separated, certain court orders could require you to provide vision benefits to covered dependent children. JPMorgan Chase is legally required to recognize qualified medical child support orders within the limits of the Retiree Vision Plan. If you're a party in a divorce settlement that involves the Retiree Vision Plan, you should have your attorney contact HR Answers to make sure the appropriate documents are filed and that the court order in question is actually a qualified medical child support order that complies with governing legislation. Please see “Qualified Medical Child Support Orders” on page 16 for more information.</p>
If You Are Rehired at JPMorgan Chase	<p>If you are re-employed at JPMorgan Chase and are eligible for active employee benefits, your retiree vision benefits will end. Please see the <i>Retiree Medical Plan</i> Summary Plan Description for more information. If you retire again, you must elect retiree coverage at that time. You cannot defer retiree coverage.</p>
If You Die	<p>If you die after retiring from JPMorgan Chase, any dependents enrolled under your Retiree Vision Plan coverage at the time of your death may choose to continue coverage. Please see the <i>Retiree Medical Plan</i> Summary Plan Description for more information regarding length of coverage.</p> <p>If your dependents choose not to continue coverage, they will be covered until the end of the month in which you die.</p>
If You Become Eligible for Medicare	<p>Medicare-eligible participants have access to individual health care coverage available through Via Benefits, a private Medicare exchange, which is not coverage sponsored by JPMorgan Chase.</p>



When Coverage Ends

Coverage under the JPMorgan Chase Retiree Vision Plan option will end on the last day of the month in which:

- You cancel coverage due to a Qualified Status Change;
- You stop making required contributions;
- You become eligible for Medicare;
- You no longer meet the eligibility requirements of the Retiree Vision Plan;
- The Retiree Vision Plan is discontinued; or
- You die.

Coverage for your dependents ends when they no longer meet the eligibility requirements described in “Your Eligible Dependents” in the *Retiree Medical Plan* Summary Plan Description. For your spouse, this is the last day of the month in which you divorce or longer in the event of your death. For a child, this means the last day of the month in which he or she:

- Turns age 26; or
- Is no longer eligible for coverage under a Qualified Medical Child Support Order (QMCSO).

Coverage for a domestic partner ends on last day of the month in which the domestic partner ceases to meet the eligibility requirements described in “Your Eligible Dependents” in the *Retiree Medical Plan* Summary Plan Description.

Please see “[If Your Situation Changes](#)” on page 16 for details on how coverage is affected in certain situations.

Continuing Coverage Under COBRA

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), your covered dependents have the right to continue vision coverage at their own expense for a certain period of time if your JPMorgan Chase Retiree Vision coverage ends due to certain circumstances. (For domestic partners, JPMorgan Chase may provide COBRA-like coverage if the domestic partner was covered under the JPMorgan Chase Retiree Vision Plan at the time that coverage ended.) If continuation coverage is elected, the cost is typically 102% of the plan’s total cost of providing coverage. Your covered dependents must make timely monthly payments for their COBRA coverage. Please see the *Retiree Plan Administration* document for more information on COBRA. Note that if your covered dependents elect COBRA vision coverage, they cannot elect Retiree Vision coverage at anytime in the future.

Right to Amend

JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce or curtail benefits under, or terminate the Retiree Vision Plan at any time for any reason, by act of the Benefits Executive, other authorized officers, or the Board of Directors. In addition, the plans and benefits described in this Summary Plan Description do not represent vested benefits.

If you have any questions about this Plan, contact HR Answers.



Defined Terms

As you read this summary of the JPMorgan Chase Retiree Vision Plan, you'll come across some important terms related to the Plan. To help you better understand the Plan, many of those important terms are defined here.

Claims Administrator	The company that provides certain claims administration services for the Retiree Vision Plan.
Consolidated Omnibus Budget Reconciliation Act of 1985, (COBRA)	A federal law that allows you and/or your covered dependents to continue Retiree Vision Plan coverage on an after-tax basis (under certain circumstances) when coverage would otherwise have ended. The <i>Retiree Plan Administration</i> document provides details on COBRA coverage.
Copayment	The fixed dollar amount you pay toward certain vision care services under the Retiree Vision Plan when you receive your care from an EyeMed network provider.
Covered Services	Vision procedures that are generally reimbursable by the JPMorgan Chase Retiree Vision Plan. While the Plan provides coverage for numerous services and supplies, there are limitations on what's covered. While a service or supply may be necessary, it may not be covered under the JPMorgan Chase Retiree Vision Plan. Please see "What Is Covered" on page 8 and "What Is Not Covered" on page 12 for more details.
Eligible Dependents	<p>Under the Retiree Vision Plan, your eligible dependents can include your spouse or domestic partner and your children.</p> <p>Please see "Your Eligible Dependents" in the <i>Retiree Medical Plan</i> Summary Plan Description for more information.</p>
EyeMed	EyeMed Vision Care, the claims administrator for the JPMorgan Chase Retiree Vision Plan.
EyeMed Network Provider/Non-Network Provider	Terms referring to whether a provider is part of the network associated with the Retiree Vision Plan ("network provider") or is not part of the network ("non-network provider"). When a service is performed through an EyeMed network provider, benefits are paid at a higher level than they are when a service is performed through a non-network provider.
Qualified Status Change	<p>The JPMorgan Chase retiree benefits you elect during each annual benefits enrollment will generally stay in effect throughout the plan year, unless you elect otherwise due to a Qualified Status Change (such as divorce or death) within 31 days of the qualifying event for benefits to be effective the date of the event.</p> <p>Please Note: Any changes you make during the year must be consistent with your Qualified Status Change. Please see "Qualified Status Changes" on page 7 for more information.</p>