



The Retiree Health Reimbursement Arrangement Plan

Effective 1/1/20

The Retiree Health Reimbursement Arrangement Plan (Plan) is provided by JPMorgan Chase at no cost to eligible participants. It provides funds you can use to reimburse yourself, tax free, for qualifying medical, prescription drug, dental and vision premiums, and certain medical, dental, and vision out-of-pocket expenses. Via Benefits is the claims administrator for the Plan. JPMorgan Chase intends the Plan to qualify as a “health reimbursement arrangement” as that term is defined under IRS Notice 2002- 45 and a medical reimbursement plan under Sections 105 and 106 of the Internal Revenue Code of 1986, as amended. This Plan is also intended to be exempt from the Affordable Care Act as a separate “retiree-only” plan pursuant to ERISA Section 732(a) and IRC Section 9831(a)(2). The Plan will be interpreted at all times in a manner consistent with this intent. This Summary Plan Description explains the details of the Retiree Health Reimbursement Arrangement Plan, including how the Plan is funded and how reimbursements are made.

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. Those who are Medicare-eligible and eligible for a medical subsidy from JPMorgan Chase based on the rules in effect when they retire, or become disabled under LTD, are eligible to receive a funding contribution from JPMorgan Chase that will be provided through the Retiree Health Reimbursement Arrangement Plan, *if they enroll in medical coverage through Via Benefits.*

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 plan operations, contact Via Benefits at 1-844-448-7300, 8 a.m. to 9 p.m., Eastern Time, Monday through Friday, except certain U.S. holidays.

You can also obtain answers to your plan operation questions 24 hours a day, seven days a week online at <http://www.my.viabenefits.com/jpmc>.

For questions about rules of retirement and eligibility for a medical subsidy contact HR Answers at (877) JPMChase [(877) 576-2427].

Quick Path: Enter your Standard ID or Social Security number; press 2 for Benefits and then 0 to speak with a representative. If calling from outside the United States: 1-212-552-5100 (GDP# 352-5100). Service Representatives are available Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays.

About this Summary Plan Description

This document is the Summary Plan Description of the Retiree Health Reimbursement Arrangement Plan, a component of the U.S. Retiree Benefits Program. The U.S. Department of Labor requires JPMorgan Chase to routinely provide benefits plan summaries to retiree plan participants. Please retain this information for your records. This document also constitutes the plan document for the Retiree Health Reimbursement Arrangement Plan.



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Participating in the Retiree Health Reimbursement Arrangement Plan

The general guidelines for participation are described in this section.

Eligibility

If you are Medicare-eligible and either eligible for a medical subsidy from JPMorgan Chase based on the rules in effect when you retire, or are receiving benefits under the Long-Term Disability Plan, you will be eligible to receive a contribution from JPMorgan Chase that will be provided through an account under the Plan, *if you enroll in medical coverage through Via Benefits*. If you are eligible for this contribution, generally, your Medicare-eligible spouse/domestic partner and other qualified dependents, which were part of your family unit at the time of your retirement, are also eligible.

Below are the rules of eligibility for a contribution into the Plan if you are a retiree:

Eligibility for contribution if	
Hire Date	You are: <ul style="list-style-type: none">• A heritage Chase employee hired before January 1, 1997, or• A heritage Morgan employee employed on January 31, 1989 (and you have not incurred a break in service of longer than one year since that date).
AND	
Age and Service As of December 31, 2005	You were employed by JPMorgan Chase; and <ul style="list-style-type: none">• You were at least age 50 and your age plus cumulative service* was equal to 60 or more as of December 31, 2005 ("Rule of 60"); or• You had at least 25 years of cumulative service* as of December 31, 2005.
AND	



Eligibility for contribution if

Age and Service

When employment ends with JPMorgan Chase

General eligibility requirements

As of your termination date, you must:

- Be at least age 55, and
- Have 15 or more years of cumulative service*, of which the last five years must be continuous.

Heritage Morgan Employees: In addition, heritage Morgan employees who attained the "Morgan Rule of 70" (minimum age 50, with age plus years of credited service under the Retirement Plan equal to 70 or more) as of December 31, 2003 are eligible for the Retiree Health Reimbursement Arrangement Plan.

or

Alternative eligibility requirements in the event of a position elimination that qualifies you for severance pay and related benefits

If you do not meet the general eligibility requirements described above, but your employment ends because of a position elimination, you may still be eligible for retiree benefits. You must:

- Execute the release for severance pay and related benefits,
- Be at least age 50 as of your termination date,
- Have at least 20 years of cumulative service* as of your termination date, and
- If not yet eligible for Medicare, elect JPMorgan Chase Retiree Benefits at the time of retirement or when subsidized COBRA ends. JPMorgan Chase Retiree Benefits cannot be deferred beyond that time.

Note: If eligible for Medicare, you must elect retiree benefits through Via Benefits at the time of retirement or when subsidized COBRA ends to receive funds from JPMorgan Chase to your account under the Retiree Health Reimbursement Arrangement Plan.

* Cumulative Service: Generally, the period beginning on your first business day actively at work as an employee of JPMorgan Chase or an affiliate and ending when your employment ends. See the *Retiree Medical Plan* Summary Plan Description for more information.

When Participation Begins

If You	Participation Beg
Are Currently Participating	Funds are deposited into the Health Reimbursement Arrangement Plan at the beginning of each plan year (January 1) after electing medical coverage through Via Benefits.
Are Newly Eligible for Coverage	Funds are deposited into the Health Reimbursement Arrangement Plan as soon as administratively possible after electing medical coverage through Via Benefits. These funds are pro-rated based on the date when medical coverage is effective.



When Participation Ends

You are no longer eligible to participate in the Plan if one of the following occurs:

- You no longer qualify to be an eligible retiree for any reason, including death;
- You are rehired as an active employee of JPMorgan Chase;
- Plan amendment renders you ineligible to participate; or
- Plan is terminated.

Continuing Coverage Under COBRA (e.g., Due to Divorce or Legal Separation)

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), your Medicare-eligible covered spouse is qualified to continue in a Health Reimbursement Arrangement for up to 36 months upon your divorce or legal separation, if you were eligible for a Health Reimbursement Arrangement based on the rules in effect at the time of your retirement. (For domestic partners, JPMorgan Chase may provide COBRA-like coverage if the domestic partner was covered under the Retiree Health Reimbursement Arrangement at the time that coverage ended from dissolution of the domestic partner arrangement.) Via Benefits is the COBRA administrator for the Retiree Health Reimbursement Arrangement Plan. Please see the *Retiree Plan Administration* document for more information on COBRA.



Plan Details

The Health Reimbursement Arrangement Plan is provided by JPMorgan Chase at no cost to you. Via Benefits is the claims administrator.

Funding

Funding is provided periodically and in amounts determined at the discretion of JPMorgan Chase into a hypothetical tax-free account reflecting a bookkeeping concept. There are not assets actually set aside for the exclusive purpose of providing benefits to the Medicare-eligible retiree/LTD participant or that are protected from Company's creditors. Under federal law, only JPMorgan Chase can fund your HRA. You cannot contribute to this account.

Contribution amounts are available at the beginning of each plan year for those already participating in the plan. During the first year of eligibility, contribution amounts are pro-rated based on the month the retiree/LTD participant becomes eligible for Medicare or your retirement date if you retire at age 65 or later.

If the participant and their covered Medicare-eligible spouse/domestic partner or Medicare-eligible dependents are eligible for a contribution, only one HRA is created by Via Benefits in the JPMorgan Chase former employee's name. JPMorgan Chase will make contributions into this 'joint' account. All parties may file a claim for reimbursement, but the retiree's/LTD participant's name will be on any reimbursement checks.

Carryover

Unused Plan account balances carryover to the following year.

Death

Single HRA's (not joint) are forfeited upon the participant's death. Claims incurred by the participant can be submitted by the deceased participant's Estate up to six months after the participant's date of death.

Joint HRA's will continue after the participant's death, and the Medicare-eligible surviving dependent (spouse/domestic partner or child[ren]) can continue to submit health care expenses for reimbursement. Annual funding for the Medicare-eligible dependent will generally continue until the death of that eligible individual or until the Medicare-eligible dependent discontinues medical coverage through Via Benefits.

If you and your spouse have a joint HRA and you are eligible because you are receiving LTD benefits from JPMorgan Chase, and you die:

- If you were eligible for the retiree medical subsidy, your surviving spouse's HRA would reduce to the spouse HRA amount, prorated for the test of the year in which you die.
- If you were not eligible for the retiree medical subsidy, your spouse's HRA could be continue with Via Benefits through COBRA, for up to 36 months.

Eligible Expenses

Premium Expenses

The funds provided in your reimbursement program can be applied toward medical, prescription drug, dental, vision, Medicare Part B, and long-term care insurance premiums incurred while you are eligible for a contribution from the Plan. Generally, you will be billed by and pay your insurer's premiums on a monthly basis.



Other Out-Of-Pocket Expenses

The Plan allows you to be reimbursed for your eligible out-of-pocket medical, dental, and vision expenses to the degree that funds are available. Eligible out-of-pocket expenses include copayments, deductibles and coinsurance payments, excluding prescription drug expenses. Other eligible expenses are those incurred while paying for medical, dental and vision services as described in Section 213 (d) of the Internal Revenue Code. Prescription drug out-of-pocket expenses are not included. For more information see the IRS publication 502 (available at <https://www.irs.gov/publications/p502>) or call Via Benefits.

Sample List of Eligible Out-Of-Pocket Expenses

The sample expenses listed below are considered eligible for reimbursement based on IRS Code Section 213(d), and are generally expenses related to the diagnosis, care, mitigation, treatment or prevention of disease. It should not be considered complete, but merely a condensed listing of the most commonly acceptable out-of-pocket expenses eligible for reimbursement within your funding program. It is subject to change at any time and without notice.

Some common examples of eligible expenses include:

Medical

- | | | |
|--|---|--|
| • Abdominal supports | • Hydrotherapy | • Podiatrist |
| • Acupuncture | • Insulin treatment | • Postnatal treatments |
| • Alcoholism treatment | • Lab tests | • Practical nurse for medical services |
| • Ambulance | • Metabolism tests | • Psychiatrist |
| • Anesthetist | • Neurologist | • Psychoanalyst |
| • Arch supports | • Nursing (including board and meals) | • Psychologist |
| • Artificial limbs | • Obstetrician | • Psychotherapy |
| • Blood tests | • Operating room costs | • Radium Therapy |
| • Blood transfusions | • Oral surgery | • Registered nurse |
| • Cardiographs | • Organ transplant (including donor's expenses) | • Spinal fluid test |
| • Chiropractor | • Orthopedic shoes | • Splints |
| • Convalescent home (medical treatment only) | • Orthopedist | • Surgeon |
| • Crutches | • Osteopath | • Telephone or TV equipment to assist the hard- of-hearing |
| • Dermatologist | • Oxygen and oxygen equipment | • Therapy equipment |
| • Diagnostic fees | • Pediatrician | • Vaccines |
| • Guide dog | • Physician | • Wheelchair |
| • Gynecologist | • Physiotherapist | |
| • Hearing aids and batteries | | |
| • Hospital bills | | |



Dental

- Dental Treatment
- Dental X-rays
- Dentures
- Fluoridation unit
- Gum treatment

Vision

- Contact Lenses
- Eyeglasses
- Ophthalmologist
- Optician
- Optometrist

Paying for Expenses

You can choose how you request to get reimbursed for premium payments, either manual or automated payments:

Manual Premium Payments

With this method, you first pay for your health care premiums and retain your receipts/supporting documentation. Then you submit a reimbursement request form for eligible expenses, along with any supporting documentation directly to Via Benefits online, through the mobile app, by fax, or through mail. Via Benefits will process your approved request form and reimburse you from your available funds. You may receive your reimbursement by check or direct deposit.

Automating Your Premium Payments and Premium Reimbursements

Most insurance companies offer an automatic premium payment option where they withdraw your monthly premium payments from the financial account you designate. Contact your insurance company to establish this automated payment.

Via Benefits offers an Automatic Reimbursement option for most policies where your premium reimbursement request and proof of payment comes directly from your insurance company to Via Benefits and is submitted automatically for you. To set up this process, visit the Via Benefits website or contact them.

Note: You must submit a claim form directly to Via Benefits online, through the mobile app, by fax, or through mail for reimbursement for other eligible out-of-pocket expenses.

Via Benefits also provides Direct Deposit that will deliver your reimbursement directly to a financial account that you designate. This speeds up the reimbursement process. Find out more by visiting the Via Benefits website or contact them directly.



Supplemental Prescription Drug Benefit

JPMorgan Chase has established a special prescription drug benefit that is available to Plan participants. This account provides an additional safety net for high-cost prescription drug claims. Catastrophic or high-cost prescription drug expenses are expenses over the plan year catastrophic threshold, which is defined by Medicare and subject to change each year. For 2020, the catastrophic threshold is \$6,350 in “out-of-pocket” expenses.

The benefit will provide a total pool amount of \$1,000,000, paid out on a **first come, first served basis**, for eligible reimbursements incurred by all participants who have reached the catastrophic threshold. If your out-of-pocket prescription drug costs reach the catastrophic threshold during the year, contact Via Benefits to request a reimbursement form and information on accessing these funds.

Reimbursement requests must be received by March 31st of the following year (for example, March 31, 2020 is the deadline for expenses incurred during the 2019 plan year).

Prescription drug expenses that qualify toward the threshold include deductibles, coinsurance and copays incurred and paid during the calendar year, as well as payments made by your prescription drug carrier or pharmaceutical manufacturers toward the cost of your prescription drugs. Once you or your dependents (enrolled through Via Benefits) reach the catastrophic threshold, that person is eligible for tax-free reimbursement of eligible out-of-pocket prescription drug expenses incurred and paid on or after the date the catastrophic threshold is exceeded.

Prescription drug plan premium payments are not eligible for reimbursement, nor expenses reimbursed from any other source including other plan coverage, such as Medicare Part D. Expenses for prescription drugs not covered by your plan or the cost of administering the prescription are also not eligible for reimbursement.

You will need to provide proof that you have reached the catastrophic prescription drug threshold as well as any receipts for reimbursements requested from the catastrophic total pool. If your request for catastrophic prescription drug funds is approved, funds will be distributed to you based on the HRA distribution method you selected (check or direct deposit).



Claiming Your Benefits

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

How to File Claims

You will pay your premiums to the health insurance companies you select through Via Benefits and out-of-pocket expenses to your providers, as needed, and file a claim for reimbursement with Via Benefits, the administrator of your HRA. You may obtain reimbursement of qualifying expenses that you, your eligible spouse/domestic partner, or your tax-qualified dependents (who are eligible and qualify for an individual allocation) incur. Reimbursements, up to the unused amount in your account, for expenses incurred for qualifying medical, prescription drug, dental and vision premiums and certain medical, dental, and vision out-of-pocket costs are allowed.

You can choose to have HRA reimbursements direct deposited into a checking account or receive a check in the mail.

If a participant ceases to be eligible for participation in the HRA Plan, claims should be submitted for reimbursement within six months of the date eligibility ceased. 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:

- Who the expense was for;
- Who provided the service you paid for;
- What service was provided;
- When the service was provided;
- Proof you have paid or must pay the expense.

Claim forms can be found online by selecting *Submit a Reimbursement Request* at www.my.viabenefits.com/jpmc. After you submit a claim, you will receive an explanation of how the benefit was paid. If you have questions about filing claims, call Via Benefits or visit their website and select *Submit a Reimbursement Request*.

Where to Submit Claims

The company providing certain claims administration services for the HRA Plan is Via Benefits. Their contact information for claims submission is:

Claims Submission Agent
P.O. Box 981156
El Paso, TX 79998-1156
Fax: (866) 866-0878

Appealing Claims

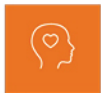
If a claim for reimbursement under the HRA Plan is denied, either in whole or in part, you can appeal the denial by following the appropriate procedures described in the *Retiree Plan Administration* document.



If Your Situation Changes

The following chart summarizes how your participation in the Retiree Health Reimbursement Arrangement Plan may be affected in certain situations.

If You Divorce, Become Legally Separated or Your Domestic Partner Relationship Ends	If your former Medicare-eligible spouse/domestic partner elects COBRA and retains medical plan coverage with Via Benefits, they are entitled to an HRA account under the plan. If that happens, the HRA established under COBRA will be in the name of your former Medicare-eligible spouse/domestic partner. It will not be a joint account with you.
If You are Rehired at JPMorgan Chase	If you are re-employed at JPMorgan Chase and are eligible for active employee benefits, you will go back to active coverage. If you retire again, you must elect retiree medical coverage through Via Benefits at that time. You cannot defer any retiree coverage. You will then receive a subsidy from JPMorgan Chase to a Health Reimbursement Arrangement.
If You Die	<p>If you die after retiring from JPMorgan Chase, are eligible for a Health Reimbursement Arrangement and have elected medical coverage through Via Benefits, any Medicare-eligible dependents also enrolled in retiree coverage through Via Benefits and eligible for a subsidy will continue to receive the subsidy in a Health Reimbursement Arrangement, if they continue to choose medical coverage through Via Benefits.</p> <p>If your Medicare-eligible dependents choose not to continue coverage, they will no longer receive a subsidy from JPMorgan Chase into a Health Reimbursement Arrangement. They will be covered until the end of the month in which you die.</p>



Other Important Information

Your benefits as a participant in the JPMorgan Chase Retiree Health Reimbursement Arrangement Plan are provided under the terms of this official plan document.

Please Note: No person or group, other than the Plan Administrator for the JPMorgan Chase Retiree Health Reimbursement Arrangement Plan has any authority to interpret the Plan or to make any promises to you about it.

The Plan Administrator for the JPMorgan Chase U.S. Retiree Benefits Program has complete authority in his/her sole and absolute discretion to construe and interpret the terms of the Plan and any underlying policies and/or contracts, including eligibility to participate in the Plan.

All decisions of the Plan Administrator for the JPMorgan Chase U.S. Retiree Benefits Program, or his/her delegates, are final and binding upon all affected parties.

Right to Amend

JPMorgan Chase reserves the right to amend, modify, reduce or curtail benefits under, or terminate the Health Reimbursement Arrangement at any time for any reason by act of the Benefits Executive, other authorized officers, or the Board of Directors. In addition, the Retiree Health Reimbursement Arrangement Plan does not represent a vested benefit.

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