



2020 Enrollment Bulletin

Enrollment Period: October 15 – November 1, 2019
Annual U.S. Benefits Enrollment

2020 Annual U.S. Benefits Enrollment October 15 – November 1, 2019



Learn

Discover the new Simplified Medical Plan and Wellness Program for 2020

GET STARTED



Review

Review your 2020 benefits options, so you can make the best decisions for the coming year

COMPARE CHOICES



Enroll

Go to the Benefits Web Center to use the tools and enroll for your 2020 benefits

TAKE ACTION





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Get Moving into 2020

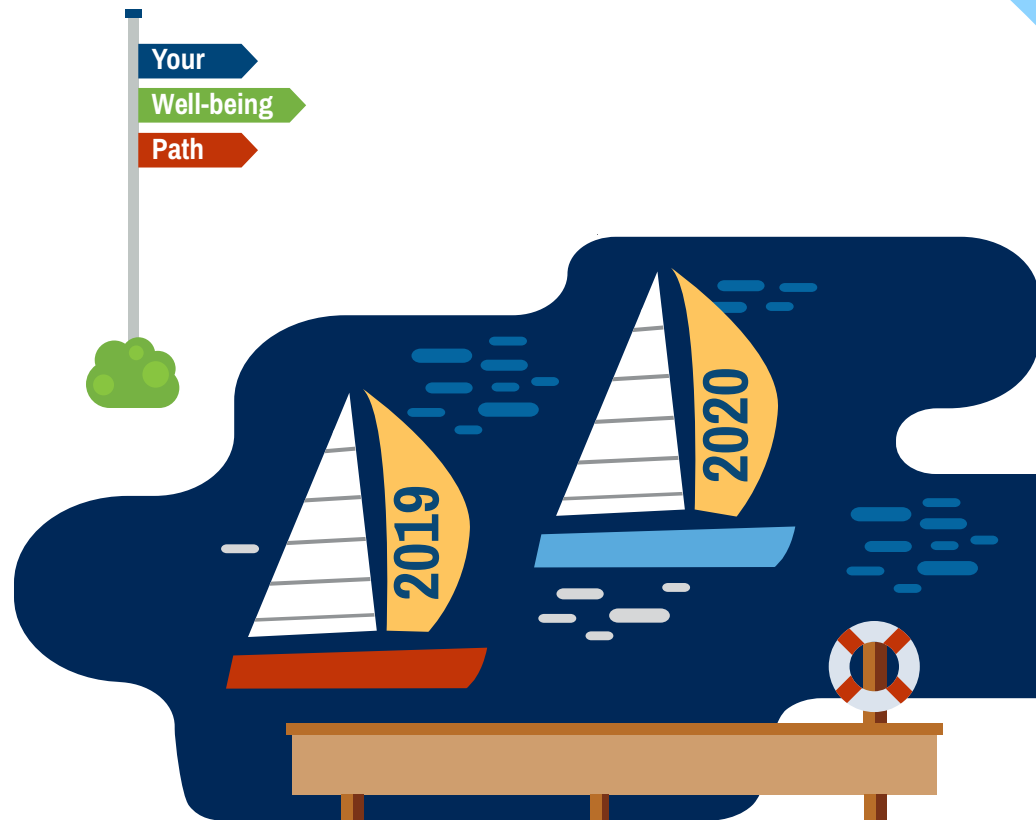
Review and enroll in the benefits that are right for you in 2020.

This Bulletin provides what you need to know about some important changes this year, including:

- Details on what's changing for 2020:
 - A new Simplified Medical Plan and Wellness Program.
 - Our health care companies will be Aetna and Cigna (UnitedHealthcare [UHC] will no longer be offered).
 - Earlier deadline to complete your biometric Wellness Screening and online Wellness Assessment this year – **November 22, 2019** – to save on 2020 payroll contributions and earn 2020 Medical Reimbursement Account (MRA) funds.

Also, look for information on:

- How to complete your Wellness Screening and Wellness Assessment.
- Completing your online Wellness Assessment through Cigna (even if you're a UHC member).
- A checklist of considerations as you're making your enrollment decisions.
- What happens if you don't take action during 2020 Annual Benefits Enrollment.
- Tools you can use to help you choose and get moving.





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Medical Plan Changes

New Simplified Medical Plan

For 2020, we're making a new move to well-being by introducing the Simplified Medical Plan and Wellness Program to employees **living** in Arizona and Ohio. The plan was developed in partnership with Haven – the health care venture of JPMorgan Chase, Amazon and Berkshire Hathaway – and is based on health care industry research and feedback from employees like you.

The new plan offers more predictable prices, is easier to understand, and makes wellness incentives simpler and more personal. It also rewards you for completing wellness activities that can have an impact on your total well-being.

With the Simplified Medical Plan, there are no in-network deductibles and no coinsurance. No longer do you have to pay the full cost of most in-network care before the plan begins to share the cost; instead, the plan begins sharing the cost right away through copays, which are replacing coinsurance. Copays are a flat fee you pay when you receive in-network care – the amount of the copay depends on the type of care. After you pay the copay, the plan pays the rest.

Don't forget that the annual out-of-pocket maximum protects you if you have a significant medical expense. If you hit your in-network out-of-pocket maximum, the plan pays 100% of eligible in-network medical and prescription drug expenses for the rest of the year.

Take action: You must complete your biometric Wellness Screening and online Wellness Assessment by November 22, 2019, to participate in the Wellness Program in 2020 and earn rewards.

Important: The payroll contributions and types of medical services and prescription drugs covered under the Simplified Medical Plan will be the same as the existing JPMorgan Chase Medical Plan – now called the Core Medical Plan – which will continue to be offered in the other 48 states.





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Two new Medical Plan options

With the new plan comes two options: Option 1 and Option 2. The differences between the two options are the amounts of the copays, out-of-pocket maximums and payroll contribution costs:

Choose between Aetna and Cigna
(no difference in cost between two health care companies)

Option 1

Lower copays and
out-of-pocket maximums

Higher payroll
contribution costs

Option 2

Higher copays and
out-of-pocket maximums

Lower payroll
contribution costs

Please note: While Haven worked with JPMorgan Chase on the design of the Simplified Medical Plan, Aetna and Cigna will administer the plan.

Plan highlights

The Simplified Medical Plan is designed to provide clear costs, so you and your family know what to expect to pay for care. Plan highlights include:

- **Free preventive care visits.** Checkups, preventive screenings and immunizations won't cost you anything. (Same as under the Core Medical Plan.)
- **NEW: No deductible or coinsurance.** You'll pay a flat fee (copay) for in-network care and services. No more wondering how much your care will cost! **Note:** If the actual cost of the service is less than the copay, you'll pay the actual cost.
- **NEW: \$15 copays for visits to your in-network primary care doctors,** including your pediatrician and OB/GYN for non-preventive care.
- **NEW: One all-inclusive copay** for an emergency room visit or hospital admission (daily rate).
- **Select prescription drugs are free.** You'll pay nothing for eligible generic preventive drugs. (Same as under the Core Medical Plan.)
- **A financial "safety net"** limits the amount you're required to pay out-of-pocket each year for your eligible medical and prescription drug costs. This annual "out-of-pocket maximum" includes both medical and prescription drug amounts.
- **No primary care doctor referrals required.** You are not required to select or assign a Primary Care Physician (PCP), and you do not need referrals to see a specialist.
- **Pay nothing during an in-network visit.** Generally, you should pay nothing during an in-network visit; your medical ID card will note no payment required at the time of service. If your provider has questions or insists on payment at the time of service, ask them to contact your health care company.





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The Simplified Medical Plan at a glance

Here's a look at the options and the benefits under each. For a more detailed look, review the [Medical Plan Overview](#).

Coverage levels	Annual Deductibles			
	Option 1		Option 2	
	In-network	Out-of-network	In-network	Out-of-network
Employee (also serves as “per person” amount)	None	\$2,000	None	\$4,000
Employee + Spouse/Domestic Partner <i>or</i> Child(ren)	None	\$3,000	None	\$6,000
Employee + Spouse/Domestic Partner + Child(ren)	None	\$4,000	None	\$8,000

How the deductible works

For out-of-network deductibles, the “per person” rule allows the employee or any covered dependent(s) (e.g., spouse/domestic partner or child) to reach an individual deductible, after which the deductible is satisfied for the year for that person. Covered individuals who have not met the deductible may combine to meet the remainder of the deductible for that particular coverage level. If no one person has met the individual deductible, the expenses of all covered individuals can combine to meet the deductible for that coverage level.



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Medical service	Medical Copay Amounts				
	In-network				Out-of-network
	TACC ¹ : <\$60,000		TACC ¹ : \$60,000+		All TACC ¹ levels
	Option 1	Option 2	Option 1	Option 2	Options 1 & 2
Preventive care	Free	Free	Free	Free	\$60
Primary care office visit (PCP, pediatrician, OB/GYN)	\$15	\$15	\$15	\$15	\$60
Virtual doctor visit	\$15	\$15	\$15	\$15	Not applicable
Outpatient therapy for mental health, ² chemical and alcohol dependence	\$15	\$15	\$15	\$15	\$60
Lab	\$20	\$35	\$20	\$35	\$60
Physical therapy, speech therapy and occupational therapy	\$25	\$35	\$25	\$35	\$80
Chiropractic visit	\$50	\$50	\$50	\$50	\$100
Standard radiology	\$50	\$75	\$75	\$75	\$200
Urgent care visit	\$50	\$75	\$100	\$100	\$200
Specialist office visit ²	\$75	\$110	\$100	\$110	\$350
Outpatient procedure/surgery	\$300	\$600	\$500	\$800	\$1,500
Durable medical equipment (DME)	\$100	\$100	\$100	\$100	\$300
Advanced imaging (CT/MRI) – per service	\$250	\$350	\$250	\$350	\$1,000
Ambulance – per ride	\$250	\$250	\$250	\$250	\$250
Emergency room (ER) visit ³	\$500	\$750	\$800	\$900	Same as in-network
Hospital Inpatient admission	\$1,000/day	\$1,250/day	\$1,000/day	\$1,250/day	\$3,000/day

¹ Total Annual Cash Compensation. See more detail on [page 20](#).

² Psychologists are classified in outpatient therapy and psychiatrists are classified as specialists.

³ Non-emergency care will cost \$100 more for Option 1 and \$150 more for Option 2.

For more details about what these medical services cover, refer to the [Medical Plan Overview](#).

Don't forget you can use your Medical Reimbursement Account (MRA) to help pay for eligible medical and prescription drug expenses. See [page 21](#) for details on how to earn MRA funds in 2020 under the new Simplified Wellness Program.





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Coverage levels	Annual Out-of-Pocket Maximums (medical AND prescription drug; out-of-network maximums are inclusive of deductible)			
	In-Network		Out-of-Network	
	Option 1	Option 2	Option 1	Option 2
Total Annual Cash Compensation¹: less than \$60,000				
Employee (also serves as the “per person” maximum)	\$2,500	\$5,500	\$10,000	\$12,000
Employee + Spouse/Domestic Partner (DP) <i>or</i> Child(ren)	\$4,000	\$8,500	\$16,000	\$19,000
Employee + Spouse/DP + Child(ren)	\$5,500	\$11,500	\$22,000	\$26,000
Total Annual Cash Compensation¹: \$60,000 – \$149,999				
Employee (also serves as the “per person” maximum)	\$4,000	\$7,500	\$10,000	\$12,000
Employee + Spouse/Domestic Partner (DP) <i>or</i> Child(ren)	\$6,500	\$11,500	\$16,000	\$19,000
Employee + Spouse/DP + Child(ren)	\$9,000	\$16,000	\$22,000	\$26,000
Total Annual Cash Compensation¹: \$150,000+				
Employee (also serves as the “per person” maximum)	\$5,500	\$7,500	\$10,000	\$12,000
Employee + Spouse/Domestic Partner (DP) <i>or</i> Child(ren)	\$8,500	\$11,500	\$16,000	\$19,000
Employee + Spouse/DP + Child(ren)	\$12,000	\$16,000	\$22,000	\$26,000

¹ Total Annual Cash Compensation. See more detail on [page 20](#).

How the out-of-pocket maximum works

For the out-of-pocket maximums, the “per person” rule allows the employee or any covered dependent(s) (e.g., spouse/ domestic partner or child) to reach an individual out-of-pocket maximum, after which the out-of-pocket maximum is satisfied for the year for that person. If no one person has met the individual out-of-pocket maximum, the expenses of all covered individuals can combine to meet the out-of-pocket maximum for that coverage level. Keep in mind that the in-network and out-of-network out-of-pocket maximums are separate. So in-network expenses cannot apply to the out-of-network out-of-pocket maximum and vice versa.





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How out-of-pocket costs compare under the 2019 Medical Plan and 2020 Simplified Medical Plan

The new Simplified Medical Plan is designed to provide clear costs so you and your family know what to expect to pay for care. Let's take a look at how the new Simplified Medical Plan differs from your 2019 Medical Plan. In your 2019 Medical Plan, your out-of-pocket costs included your deductible, coinsurance and prescription drug copays. While with the new Simplified Medical Plan, the in-network deductibles and coinsurance are eliminated, replacing them with copays.

Please note: All examples assume you have chosen Option 1 in both 2019 and 2020, and earn less than \$60,000. Under the 2019 plan, your deductible is \$1,000 and coinsurance maximum is \$1,000 (for medical only). Under the 2020 Simplified Medical Plan, your out-of-pocket maximum is \$2,500 (for medical and prescription drugs). Please note that these are estimated/average costs of medical care.

Don't forget! You can use your Medical Reimbursement Account (MRA) to help pay for your medical and prescription drug copays.

Example 1: Urgent care

For illustrative purposes, you went to urgent care. The cost for an urgent care visit is \$135.

Under the 2019 plan:

- If you visited **before** your deductible had been met, you would be responsible for paying the total cost of **\$135**.
- If you visited **after** your deductible had been met, you would pay the 20% coinsurance of \$135, which means your out-of-pocket cost would be **\$27**.

Under the 2020 Simplified Medical Plan, you would pay a \$50 copay (with no deductible).

Example 2: Ambulance ride + emergency room visit

For illustrative purposes, you took an ambulance to the emergency room (ER). The cost for an ambulance ride is \$1,200 and for an ER visit \$2,500, for a total cost of **\$3,700**.

Under the 2019 plan, if at the time \$0 of your deductible had been met:

- For the ambulance ride, you would pay \$1,040 (\$1,000 deductible + 20% coinsurance of the remaining \$200). Your deductible has now been met.
- For the ER visit, you would pay the coinsurance of 20% of \$2,500, which is \$500.

For both the ambulance ride and ER visit, your total out-of-pocket costs are **\$1,540**.

Under the 2019 plan, if at the time you had already met your deductible for the year, you would pay the 20% coinsurance on both the ambulance ride and ER visit (\$3,700 for both) for a total out-of-pocket cost of **\$740**.

Under the 2020 Simplified Medical Plan, you would pay a \$250 copay for the ambulance and a \$500 copay for the ER visit, for a total of **\$750**.





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Example 3: Knee injury

For illustrative purposes, you had a knee injury. Over the course of a year, you visited your PCP once (\$145 cost), visited your specialist three times (\$300 each – or \$900 total), and went to physical therapy eight times (\$180 each – or \$1,440 total). For simplicity of this example, your visits to the PCP, specialist and physical therapist were in this consecutive order (this may not be the case in real life).

Under the 2019 plan, if at the time \$0 of your deductible had been met:

- For the primary care visit, you would pay \$15 coinsurance (PCP visits are not subject to the deductible and have 10% coinsurance).
- For the three specialist visits, you would pay the total cost of \$900 (\$900 of your deductible has now been met).
- For the eight physical therapy visits, you would pay \$368 (\$100 of the remaining deductible and 20% coinsurance for the remaining \$1,340).
- Your total out-of-pocket costs would be **\$1,283**.

Under the 2019 plan, if at the time you had already met your deductible for the year, you would pay the 10% coinsurance for the PCP visit (\$15) and the 20% coinsurance for the specialist visit (\$180) and for the physical therapy visits (\$288). Your total out-of-pocket costs would be **\$483**.

Under the 2020 Simplified Medical Plan:

- For the primary care visit, you would pay the \$15 copay
- For the three specialist visits, you would pay the \$75 copay x 3 = \$225
- For the eight physical therapy visits, you would pay the \$25 copay x 8 = \$200
- Your total out-of-pocket costs would be **\$440**

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Example 4: Hospital inpatient admission

For illustrative purposes, you were admitted to the hospital and stayed five days. The cost of your hospital stay is \$6,000 per day, or \$30,000 for five days.

Under the 2019 plan, if at the time \$0 of your deductible had been met, you would pay:

- \$1,000 deductible (your deductible has now been met).
- 20% coinsurance of the remaining \$29,000, subject to the \$1,000 coinsurance maximum (i.e., you only pay \$1,000 in coinsurance).
- Your total out-of-pocket costs would be **\$2,000**.

Under the 2019 plan, if at the time you had already met your deductible for the year, you would pay 20% coinsurance for the \$30,000, subject to the \$1,000 coinsurance maximum. Your total out-of-pocket costs would be **\$1,000**.

Under the 2020 plan, you would pay the \$1,000/day copay, subject to the \$2,500 out-of-pocket maximum. Assuming that prior to the hospital stay, \$0 of your out-of-pocket maximum had been met, your total out-of-pocket costs for this hospital stay would be **\$2,500**.





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Lisa

Age: Early 30s

Coverage: Employee + Spouse/Domestic Partner

Choice: Option 1

I went with Option 1 because we're expecting some big expenses.

My husband, Rob, is a freelance writer. We're both pretty healthy, but I'm expecting a baby early next year. Meanwhile, Rob messed up his knee playing basketball last month, and his doctor tells him he may need surgery.

I wasn't sure which Medical Plan option to pick. But when I used the Medical Expense Estimator, I saw my total expenses for next year will be less if I pick Option 1. I know this means I'll need to pay extra from my paycheck, but the lower in-network copays combined with the money I'll earn in my MRA for completing wellness activities means we pay less when we see the doctor later. Plus, the out-of-pocket maximum is lower under Option 1, so if I have a significant medical expense that I didn't plan for, I know I'll pay less out of my pocket in total for in-network care under Option 1. With a baby on the way – and a husband with knee issues – I don't need any surprises, especially when it comes to money. I'm OK with paying more out of my pay for a plan that pays more when I need it. That's why I'm going with Option 1.



Eric

Age: Mid-40s

Coverage: Family

Choice: Option 2

I picked Option 2 because paying more through payroll contributions for coverage that I probably won't need doesn't make a lot of sense to me.

My wife, Sharon, and I have two kids in middle school. No problems when it comes to health (thank goodness!). Just checkups and the usual stuff. But Sharon's gone back to school. Without her income, we're on a really tight budget.

So, when I looked at my options and some of the key differences, I zeroed in on the in-network copays. All the money that JPMorgan Chase is putting in my Medical Reimbursement Account for completing my wellness activities is great. But what if one of my kids breaks a leg in a soccer game? I'd be OK with a smaller unexpected bill, but I'm not sure I can afford to pay a really big bill.

At first, I thought I'd just pay more out of my pay and pick Option 1 because of the lower in-network copays and out-of-pocket maximum. But then I got to thinking... would I just be throwing money away on extra coverage I wouldn't use? Why not just keep the difference in my payroll contributions for a rainy day?

So, I'm going with Option 2. Why pay more for extra coverage I may not use? Plus, I know I can always revisit my medical plan choice during next year's Annual Benefits Enrollment.





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Prescription drug coverage

With the new Simplified Medical Plan also comes a new prescription drug design. CVS Caremark will continue to administer the Prescription Drug Plan. You'll have lower copays under Option 1 and higher copays under Option 2. Based on the Simplified Medical Plan Option you choose (Option 1 or Option 2), the same option will apply to the prescription drug portion of the Plan. You can check to see if your prescription drug is covered on the CVS Caremark website by going to **My Health** or caremark.com/jpmc-simplified. If not, ask your doctor if there is an alternative you can take. The following drug lists are available:

- **CVS Caremark® Standard drug list:** Covered traditional generic and preferred brand-name drugs grouped by drug category and alphabetically. Also includes a complete list of excluded/not covered drugs along with their preferred alternatives.
- **CVS Caremark® Specialty drug list:** Covered specialty generic and preferred brand-name drugs grouped by drug category and alphabetically. Also includes a complete list of excluded/not covered specialty drugs along with their preferred alternatives.
- **CVS Caremark® Generic Preventive drug list:** Generic preventive drugs available at no cost to you.

Please note: Your copay will be lowest for generic and preferred brand-name prescription drugs (versus non-preferred brand-name or drugs that are not covered). If you use an excluded/not covered drug, you will pay the full cost.

Note that the drugs covered under the Prescription Drug Plan will not change as a result of the health care company change.

What is a specialty drug?

Specialty drugs are used to treat highly complex conditions, like rheumatoid arthritis, multiple sclerosis or hemophilia. These drugs require special handling and may have to be refrigerated.

Keep in mind that fewer than 2% of JPMorgan Chase Medical Plan members use specialty drugs.

TIP: If you're on a long-term prescription, did you know you can save money if you move to a mail-order pharmacy or 90-day supply obtained through a CVS retail pharmacy through a program called Maintenance Choice? Contact CVS Caremark to sign up.





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Prescription Drug Copays

		Option 1		Option 2	
		Traditional	Specialty*	Traditional	Specialty*
Retail Pharmacy (30-day supply)	Preventive generic drugs	Free	Free	Free	Free
	Non-preventive generic	\$10	\$100	\$15	\$125
	Preferred brand-name	\$75	\$150	\$125	\$200
	Non-preferred brand-name	\$150	\$200	\$250	\$250
Mail-Order Pharmacy or CVS Retail Pharmacy (up to a 90-day supply)		2x retail copays		2x retail copays	

TIP: If you're on a long-term prescription, did you know you can save money if you move to a mail-order pharmacy or 90-day supply through a CVS retail pharmacy? Contact CVS Caremark to sign up.

*Specialty drugs are a smaller group of drugs that generally treat more complex medical conditions and are generally not available at the majority of pharmacies.



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New health care company

As part of JPMorgan Chase's efforts to continue offering competitive, high-quality, cost-effective benefits, we took a fresh look at the health care marketplace and the capabilities of major national medical plan carriers. Based on an in-depth review of these companies, their networks, financials and other key criteria, Aetna and Cigna were chosen as our health care companies for the JPMorgan Chase U.S. Medical Plan effective January 1, 2020.

UnitedHealthcare (UHC) will no longer be offered. That means current UHC members will need to choose a new health care company – either Aetna or Cigna.

Choosing your health care company: Aetna or Cigna

With the health care company change, we encourage all employees (not just current UHC participants) to actively participate in this year's Annual Benefits Enrollment – that means researching the health care companies, so you choose the one that's right for you.

What you can do

- Start by visiting **My Health** or going to the health care company websites directly at <http://aetna-jpmc.com/simplified> and www.jpmc.cigna.com/simplified and selecting “Find a Provider” to see if your providers are in the Aetna and Cigna networks. It's important to note that most providers in the UHC network are also in the Aetna and Cigna networks, but it's still a good idea to check to see if your providers are in either of the networks.
- If your providers aren't in the Aetna or Cigna networks, you can:
 - **Research new doctors on the Aetna and Cigna websites**, or call Aetna and Cigna directly. See [page 37](#) for contact information.
 - **Call Grand Rounds at 1-888-868-4693**, which can help you find a highly rated doctor who is in-network.
- If your providers are in both networks, access the Aetna and Cigna websites to learn about the tools and resources provided by the health care companies to help you get the most out of your Medical Plan during the year (see [page 15](#) for details about some of the tools and resources available).





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Use the health care company tools all year long

As you research the health care companies to decide which one is right for you, consider the tools they offer to help you get the most out of your Medical Plan during the year.



Aetna Website

Go to Aetna's website to:

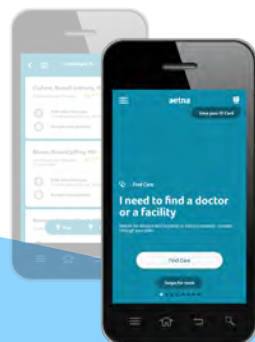
- Search for network providers,
- Review claims history,
- Track Medical Reimbursement Account (MRA) and Health Care Spending Account (HCSA) balances,
- View progress toward out-of-pocket maximums,
- Get recommended health actions based on your profile,
- And more.

Don't forget you can download the Aetna Health app from the App Store or Google Play and access the Aetna website on the go.

Aetna Concierge

Aetna offers Aetna Concierge – a team of dedicated representatives – to help you understand your benefits and direct you to the tools to make more informed decisions about your health care. Just call for help with:

- Locating providers in your area
- Understanding your benefits
- Planning for upcoming treatments
- Using the online tools available to you to make decisions that are right for you
- Scheduling appointments



Go to [page 37](#) for Aetna and Cigna contact information.



Cigna One Guide®

Go to Cigna's website to access Cigna One Guide, which makes navigating health care easier. Cigna One Guide offers personal guidance combined with easy-to-use technology 24/7. Use Cigna One Guide to:

- Get personalized, actionable messages that help you track your MRA funds,
- Minimize out-of-pocket costs,
- Find quality doctors and clinics, and
- Stay healthy.

You can also speak live or “Click-to-Chat” with a personal guide if you need information to help you choose a plan, to check if your doctors are in-network or for answers to your wellness or incentive questions.

Access Cigna One Guide anytime, anywhere by downloading the mycigna App from the App Store or Google Play.





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If you don't choose a health care company during Annual Benefits Enrollment

If you are enrolled in the Core Medical Plan as of December 31, 2019, and do not take any action during Annual Benefits Enrollment, we will automatically map your 2019 medical elections to 2020 under the Simplified Medical Plan, so you and any covered family members have medical coverage on January 1, 2020. If you do not take action during Annual Benefits Enrollment, your elections will map as follows:

If you are currently enrolled in this health care company and don't enroll	→	You will be automatically enrolled in this health care company for 2020
Cigna		Cigna
UnitedHealthcare		Aetna or Cigna, depending on your state of residence. The default mapping to Aetna or Cigna by state is based on several factors, including the carrier's network breadth in that state. The default health care company for your state will appear in the Benefits Web Center during Annual Benefits Enrollment.

Your medical plan option will not change, only your health care company (for example, if you are enrolled in Option 1 with family coverage, you will remain in Option 1 with family coverage and you won't have to provide dependent verification again). Keep in mind that if you want to participate in the Health Care and/or Dependent Care Spending Accounts for 2020, you must enroll. Your current contribution elections will not carry over to 2020.





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Your Medical Reimbursement Account and Spending Accounts

Your Medical Reimbursement Account (MRA), Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA) will continue to be managed by your current health care company in 2019 and the health care company you choose for 2020 – either Aetna or Cigna. Note that if you are not enrolled in a JPMorgan Chase Medical Plan, Cigna will administer your HCSA/DCSA.

Reminders:

- Your **MRA** is funded by JPMorgan Chase when you and your covered spouse/domestic partner complete wellness activities. You cannot contribute to the MRA. MRA funds can only be used to pay for eligible medical and prescription drug expenses and are used **before the HCSA** for these expenses.
- Your **HCSA** is funded by you through payroll deductions on a before-tax basis. You can elect to contribute up to the annual maximum for 2020 (for reference, the 2019 maximum is \$2,700;

2020 limits will be released by the IRS later this year). HCSA funds can be used to pay for eligible medical and prescription drug expenses **after MRA** funds have been exhausted, as well as other out-of-pocket health care costs, including dental and vision expenses.

- **Payment methods:** During Annual Benefits Enrollment, you can choose to have expenses paid from your MRA (and HCSA, if elected) through automatic claim payment or with a debit card.

Changing health care companies? How the MRA and Spending Accounts will transition

- If you are changing health care companies (for example, from UnitedHealthcare to Aetna or Cigna), there will be a transition period for your Medical Reimbursement Account (MRA) and Health Care and Dependent Care Spending Accounts. Your accounts will remain with your 2019 health care company to pay for any remaining 2019 claims in early 2020. Late in the first quarter of 2020, any remaining account balances will transfer to your new health care company.

Automatic claim payment vs. debit card

Remember, you have two ways to pay claims from your MRA and HCSA: automatic claim payment and debit card. During Annual Benefits Enrollment, you'll be able to select one of these payment methods:

- **Automatic claim payment method.** Your health care company will automatically use your MRA funds first, then HCSA funds, to pay for your portion of eligible medical and prescription drug expenses.
- **Debit card payment method.** You can choose to use your debit card or pay with your personal funds for eligible expenses – giving you more control over when you're using your MRA and HCSA (if applicable) funds. Keep in mind that you'll need to keep your receipts and be prepared to substantiate any debit card claims, as required by the IRS.

If you're currently enrolled in the Medical Plan and do not change your payment method election or take no action during Annual Benefits Enrollment, your 2019 payment method will carry over to 2020.

If you're newly enrolling in the JPMorgan Chase Medical Plan and do not make a payment method election, you will be defaulted to automatic claim payment. If you were previously enrolled in an HCSA (and no medical coverage), you will be automatically defaulted to debit card. We encourage you to actively elect either automatic claim payment or debit card during the enrollment process.

Learn more about your payment options by reviewing the [Helping You Choose: Automatic Claim Payment vs. Debit Card Tip Sheet at My Health > Benefits Enrollment > 2020 Benefits Resources](#).





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MRA/HCSA transition at a glance

Here's a look at what to expect with the health care company transition between now and the end of the year and into 2020. Note that specific details on the timing of your account balance transfer and other transition considerations will be shared later this year. In the meantime, here are some key points:

Through December 31, 2019

- UHC will continue to process medical claims with dates of service prior to January 1, 2020
- Continue to use your UHC Medical Plan ID card and debit card (if applicable)
 - **If you selected the automatic claim payment option with UHC**, UHC will continue to process these claims against your MRA/HCSA accounts until the processing cutoff date (estimated to be February/March 2020)
 - **If you selected the debit card payment option with UHC**, your UHC debit card will stop working on December 31, 2019. You cannot use your UHC debit card after December 31, 2019, even if the expenses are related to 2019 claims; you will need to pay using other funds and then file for reimbursement from your MRA or HCSA. (You'll file 2019 claims with UHC through the processing cutoff date and file claims with Aetna or Cigna after the cutoff date.)

In 2020

- Aetna and Cigna will process medical claims with dates of service of January 1, 2020, and later
- In early January 2020, new MRAs/HCSAs will be established with Aetna/Cigna
 - Any Wellness Rewards you earn for completing your Wellness Screening and Assessment (before November 22, 2019) will be credited to your new MRA in mid-January 2020 (\$100 for employees and \$50 for covered spouses/domestic partners)
- Prior to your 2019 MRA/HCSA balances transferring, if amounts in your January 2020 MRA are insufficient to cover any 2020 medical claims you have in early 2020, you can pay using other funds, then file for reimbursement when your 2019 balances are available
- Approximately late first quarter of 2020, your remaining 2019 MRA/HCSA balances will transfer to Aetna/Cigna and merge with the accounts established in early January 2020 (Reminder: Unused HCSA amounts above \$500 will be forfeited)
- The myuhc.com website will continue to be available throughout 2020 to view your 2019 claims (other functionality will not be available)

Please note: If you're currently enrolled with Cigna and choose Aetna for 2020, everything outlined above also applies. If you're currently enrolled with Cigna and remain with Cigna for 2020, you'll continue to have access to your MRA, Spending Accounts and debit card throughout the transition period.

TIP: Be sure to submit any 2019 MRA/HCSA or DCSA claims to your 2019 health care company as soon as possible (to avoid any delays in reimbursement, given the transition of funds to your new health care company).





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Important information about Transition of Care

A Transition of Care program is available for current members receiving ongoing complex medical care (for certain medical and behavioral health conditions) and transitioning to a new health care company for 2020. Program components include:

- Special in-network treatment of doctors/facilities that are not in-network with Aetna or Cigna (for a limited time), and
- Transition of pre-certifications/authorizations to Aetna or Cigna.

Call your health care company – Aetna or Cigna – starting in December to discuss eligibility for, and the process around, Transition of Care. Additional details, including a Transition of Care Tip Sheet and Transition of Care forms, will be available on **My Health** around mid-November.

A word about Aetna MRA administration

If you choose Aetna as your health care company, keep in mind that PayFlex, a wholly owned subsidiary of Aetna, will administer the MRA and HCSA.

Dependent Care Spending Account (DCSA)

Similar to the HCSA, your 2019 DCSA will transfer to your new health care company during the first quarter of 2020. You can only use your 2019 DCSA to pay for 2019 eligible expenses. Any unused 2019 DCSA amounts after March 31, 2020, will be forfeited.





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Medical payroll contributions

As the cost of medical coverage rises, JPMorgan Chase absorbs most of the increase.

Overall, the firm pays about 75% of plan costs. Employees, on average, pay the other 25% through payroll contributions. Those who have higher levels of compensation pay more than 25% for medical coverage, while lower-paid employees pay less (in some cases, less than 10%).

For 2020, most employees will see a small increase in medical payroll contributions – depending on their current coverage level – averaging 3.5%.

Your medical payroll contributions under the Simplified Medical Plan

Your medical payroll contributions will appear on the Benefits Web Center during Annual Benefits Enrollment. Similar to the existing medical plan – now called the Core Medical Plan – an employee's contributions vary based on a number of factors including the employee's Total Annual Cash Compensation (TACC) level, geography, coverage level (e.g., whether a spouse/domestic partner or children are covered), plan option (Option 1 vs. Option 2), Wellness Screening and Assessment completion, and tobacco usage.

In addition, medical payroll contributions for the Simplified Medical Plan will mirror those of the Core Medical Plan. For example, contributions for Simplified Plan Option 2 for employee + spouse/domestic partner coverage will be the same as for Core Plan Option 2 for employee + spouse/domestic partner coverage.

Changes to pay tiers

Several features of the Medical Plan vary based on an employee's compensation level, such as the amount of payroll contributions, copays and annual out-of-pocket maximums. There are currently seven pay tiers. Pay Tier 1 and Pay Tier 2 will change for 2020 as follows:

- **Pay Tier 1** will include employees whose Total Annual Cash Compensation (TACC) is less than \$45,000 (a change from less than \$35,000 in 2019); employees in this pay tier receive the highest level of payroll subsidy from JPMorgan Chase.
- **Pay Tier 2** will include employees whose TACC is between \$45,001 and \$59,999 (a change from between \$35,000 and \$59,999 in 2019).

What is Total Annual Cash Compensation (TACC)?

Your TACC is:

- Your annual rate of base salary plus applicable job differential pay (for example, shift pay) as of each August 1, plus
- Any cash earnings from any incentive plans (for example, annual incentive compensation, commissions, draws, overrides, and special recognition payments or incentives) that are paid to or deferred by you for the previous 12-month period ending each July 31.
- Overtime is not included.

For purposes of determining the Medical Plan contribution pay tier that applies to you, your TACC is recalculated as of each August 1 to take effect the next January 1, and will remain unchanged throughout the year. For most employees hired on or after August 1, TACC will be equal to base salary plus job differentials.

You can find your TACC on the [Benefits Web Center](#). Just click **Your Profile > Personal Information > Personal Details**.

My Benefits + Me
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New Simplified Wellness Program

Your path to wellness still starts with completing your Initial Wellness Activities: a biometric Wellness Screening and online Wellness Assessment. But now, the results of your screening will help to create a more personalized approach to improving well-being throughout the year. And, as before, you and your covered spouse/domestic partner will earn Wellness Rewards along the way!

Plan highlights include:

- **Complete both Initial Wellness Activities – the biometric Wellness Screening and online Wellness Assessment – between January 1, 2019, and November 22, 2019,** to save \$500 on your 2020 medical payroll contributions and earn \$100 in your 2020 Medical Reimbursement Account (MRA). Save an additional \$500 and earn an additional \$50 if your covered spouse/domestic partner also completes these activities by November 22, 2019.
- **NEW:** You (and your covered spouse/domestic partner) must complete a Wellness Screening to participate in Additional Wellness Activities in 2020. You will be assigned to either Path A or Path B based on your Wellness Screening results (primarily body mass index [BMI] and a number of health risk factors). You cannot self-select a path. In mid-December, if you completed your Wellness Screening by the deadline of November 22, 2019, you will be able to view your custom Additional Wellness Activities (Path A or Path B) on the Virgin Pulse website to track completion of these Additional Wellness Activities starting in 2020. Virgin Pulse is

our new Additional Wellness Activities website (your funds will still be in an MRA with your health care company).

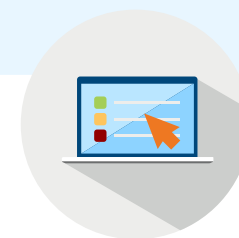
- **NEW:** You can earn up to \$640 for Additional Wellness Activities in 2020, plus an additional \$320 if your covered spouse/domestic partner regularly engages in these activities throughout the year for a total of \$960.

New deadline! November 22, 2019

Complete your Wellness Screening and Wellness Assessment between January 1, 2019, and November 22, 2019, to save on 2020 medical payroll contributions and earn 2020 MRA rewards.



Get your biometric
Wellness Screening



Complete your online
Wellness Assessment





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Here's how the new program works:

Initial Wellness Activities
(tracked by Cigna)

Biometric Wellness
Screening



Online Wellness
Assessment



Complete BOTH by November 22, 2019, to:
Save \$500 in 2020 medical payroll
contributions (additional \$500 for
spouse/domestic partner)
and
Earn \$100 in 2020 MRA funds (additional
\$50 for spouse/domestic partner)

Assigned Path A – Activity Tracking

For individuals with a
Body mass index (BMI) < 28 and 0-1 health risks

Assigned Path B – Health Coaching

For individuals with a
Body mass index (BMI) ≥ 28 or with 2+ health risks¹

Activity Tracking

(administered by Virgin Pulse)

- Employees can earn \$45/month (\$540/year) for meeting a goal of 7,000 steps per day²
- Spouses/domestic partners can earn \$22.50/month (\$270/year)

Health Coaching

(administered by Newtopia)

- Employees can earn \$45/month (\$540/year) for active engagement in personalized health management
- Spouses/domestic partners can earn \$22.50/month (\$270/year)

2020 Additional Wellness
Activities (tracked by
Virgin Pulse)

Stress Management Program

(administered by meQuilibrium)

- Employees can earn \$25/quarter (\$100/year); spouses/domestic partners can earn \$12.50/quarter (\$50/year)

Total MRA earning potential³

Employees: \$740 | Spouses/domestic partners: \$370
MRA will be administered by the employee's health care company (Aetna or Cigna)

Reasonable alternatives to earn Wellness Rewards will be available for those unable to complete Wellness Activities (e.g., due to disability/medical condition)

¹ Two or more of the following risk factors:
(1) blood glucose levels > or = 100mg/dl;
(2) triglycerides > or = 150 mg/dl; (3) blood
pressure > or = 130/85 mm HG; (4) HDL levels
< or = 50 mg/dl for women and < or = 40 mg/dl
for men.

² 7,000 steps (OR 15 active/workout minutes)
must be achieved 20 days out of each month.

³ Employees not enrolled in the JPMC Medical
Plan aren't eligible for Additional Wellness
Rewards. However, they will be able to earn
\$100 if they complete a Wellness Screening
and Assessment.





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Watch for information about the Simplified Wellness Program

Watch for more information in December about the new Simplified Wellness Program, including a 2020 Simplified MRA Action Plan for your Additional Wellness Activities with details about registration and the steps you can take to improve your total well-being and earn rewards.

Not enrolled in the JPMorgan Chase Medical Plan?

You can still earn \$100 in Wellness Rewards if you complete both the biometric Wellness Screening and online Wellness Assessment between January 1 and November 22, 2019. The Wellness Rewards will be reflected in your January 2020 pay (and reported as taxable income).

Haven't completed a Wellness Screening or Assessment yet?

[Learn about your Wellness Screening and Assessment](#) and see how you and your covered spouse/domestic partner can make these moves by November 22, 2019, to save and earn Wellness Rewards.

You can also check out the [Roadmap to Well-being](#) to get an overview of the moves you need to make this year.

Not sure if you completed the Wellness Screening or Assessment yet?

You can check the status of your Initial Wellness Activities by accessing the “Track Your Wellness Screening and Assessment Completion” link on **My Health**, which will take you to Cigna’s website.

Your spouse/domestic partner can check their completion status by accessing their account through **My Health** or directly at mycigna.com and checking [mycigna.com](#) > Wellness > Wellness Funds.

Don't forget about your 2019 MRA funds!

Remember, you have until December 31, 2019, to maximize your earnings in your 2019 Medical Reimbursement Account (MRA) when you and your covered spouse/domestic partner complete Additional Wellness Activities by December 31, 2019. Visit [My Health > My 2019 MRA Additional Wellness Activities](#) for more information.

If you aren't enrolled in the JPMorgan Chase Medical Plan, visit [My Health > Not Enrolled in JPMC Medical?](#)





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New ways to complete Initial Wellness Activities

New Wellness Screening Portal

Through the new [Wellness Screening Portal](#), which is run by Quest Diagnostics, you can schedule an appointment at:

- An onsite Wellness Screening event, or
- A JPMorgan Chase Health & Wellness Center.

Note that you'll need to register as a first-time user. If neither is available to you:

- Download a **Physician Wellness Screening form** and take it to your doctor. Have them complete ALL biometric fields (plus Date of Service) and sign the form. You can submit the completed form via fax or upload it to the Wellness Screening Portal. OR
- Click on the **Quest Patient Service Center** section to locate and schedule a screening at a lab or retail location (advance registration is required). OR
- Download and print a **CVS MinuteClinic Screening voucher** and take it to a CVS MinuteClinic for your screening.

Have questions? Contact the Quest Patient Service Center at **1-888-606-3199**.

Go to Cigna to complete the online Wellness Assessment

Cigna will now administer the online Wellness Assessment, even if your health care company is UHC. Keep in mind that if you are currently a UHC member and already completed your Wellness Assessment in 2019, it will transfer to Cigna and count toward reducing your 2020 medical payroll contributions and earning Medical Reimbursement Account (MRA) funds if you also complete the Wellness Screening.

To complete your assessment with Cigna, go to [My Health](#) > **Complete Your Wellness Assessment**, or you can go directly to mycigna.com. The first time you access mycigna.com, you'll need to register and provide your name, date of birth, ZIP code and Social Security number (or Cigna member ID if Cigna is your health care company).

Note: While Cigna will administer the Wellness Assessment, your 2020 MRA and Spending Accounts will be managed by the health care company you choose for 2020 – Aetna or Cigna. That means any 2020 MRA funds you earn from Initial Wellness Activities will be deposited into your MRA in January 2020 with your new health care company.

Have questions? Contact Cigna at **1-800-790-3086**.





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Covering a spouse or domestic partner?

Make sure they complete both a Wellness Screening and Assessment between January 1 and November 22, 2019, to save another \$500 on your 2020 medical payroll contribution costs plus earn another \$50 in your 2020 Medical Reimbursement Account (MRA).

How to get a Wellness Screening

Your covered spouse/domestic partner can access the Wellness Screening Portal at my.questforhealth.com or from **My Health** (myhealth.jpmorganchase.com). They'll need to create their own account with Quest Diagnostics using registration key "**JPMC**" and their Social Security number (SSN) or Individual Tax Identification Number (ITIN), and selecting non-employee (if they don't have an SSN or ITIN, they will use your SSN). They'll find step-by-step instructions on myhealth.jpmorganchase.com > **Learn About Your Wellness Screening and Assessment**.

Convenient Wellness Screening events will be offered in select locations at hotels for your spouse/domestic partner. Locations include Columbus, Dublin, Dallas, Plano, Lewisville, Heathrow, Tampa, Jacksonville and at onsite JPMorgan Chase locations in San Antonio and Monroe.

Need help? Contact the Quest Patient Service Center at **1-888-606-3199**.

How to complete a Wellness Assessment

Your covered spouse/domestic partner will need to register on Cigna's website as themselves (if they haven't already). They can access the site at mycigna.com or from **My Health** (myhealth.jpmorganchase.com). They'll need to provide your (the JPMorgan Chase employee's) Social Security number and ZIP code, as well as their own name and date of birth. They can find full step-by-step instructions at myhealth.jpmorganchase.com > **Learn about your Wellness Screening and Assessment**.

Need help? Contact Cigna at **1-800-790-3086**.





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Important notes about completing your Wellness Screening and Wellness Assessment

Here are some important things you need to know about completing your Wellness Screening and Wellness Assessment:

- The medical payroll contributions (payroll deductions for Medical Plan coverage) you see during enrollment on the Benefits Web Center already reflect the \$500 savings on 2020 medical payroll contributions for you, and \$500 savings for your covered spouse/domestic partner (if applicable). Therefore, if you and/or your spouse/domestic partner don't complete both of these activities between January 1 and November 22, 2019, you will lose these savings, and payroll contributions will increase in March 2020. The \$500 or \$1,000 increase will be applied in equal installments to each paycheck from the first effective paycheck in March 2020 through December 2020.*
- If you complete your biometric Wellness Screening at your doctor's office, make sure you or your doctor submits the Wellness Screening Results form

(available at [My Health > Schedule a Wellness Screening](#)) as soon as possible, but no later than December 6, 2019, to ensure timely processing of your 2020 savings.

- Employees who become eligible for benefits coverage – and/or spouses/domestic partners who are added to medical coverage – after September 1, 2019, have until the 2020 deadline (which will be communicated during the 2020 calendar year) to complete a biometric Wellness Screening and online Wellness Assessment to earn Medical Reimbursement Account (MRA) dollars, and they won't pay more for 2019 or 2020 medical coverage. That means the \$500 or \$1,000 in savings will be reflected in their medical payroll contributions. However, if they do complete these activities by November 22, 2019, they not only earn Wellness Rewards for their 2019 MRA, but for their 2020 MRA too.
- If you're currently on an approved Leave of Absence, we encourage you and your covered spouse/domestic partner to participate in our Wellness Rewards program. However, if you are on an approved Leave of Absence for at least 45 consecutive days between September 1 and November 22, 2019, and do not

complete your biometric Wellness Screening and online Wellness Assessment during that period, then you will not lose the \$500 in 2020 medical payroll contribution savings (\$1,000 if covering a spouse/domestic partner). Other provisions of the Medical Plan and Wellness Rewards program will continue to apply, including the opportunity to earn MRA funds by completing wellness activities.

Your privacy is important

The privacy of your health information is important to you and to JPMorgan Chase. We are committed to protecting your personal health information and complying with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). This means that when you complete a Wellness Screening or a Wellness Assessment, participate in any health coaching activities, or receive health care treatment of any kind, your personal health information is not disclosed to anyone, including JPMorgan Chase, without your authorization and except as permitted by HIPAA. (For detailed information about your HIPAA Privacy Rights, please see the Privacy Notice found on My Health).

*You have until June 30, 2020, to open a case with Cigna if you believe your biometric Wellness Screening and/or online Wellness Assessment was completed by the deadline and not reflected in your medical payroll contributions.





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Don't forget these other benefits

Don't forget to consider these other benefits when making your 2020 Annual Benefits Enrollment decisions:

Dental

JPMorgan Chase continues to offer three dental coverage options based on where you live:

- Two dental Health Maintenance Organization (DHMO) plans, offered by Aetna and Cigna
- A Preferred Dental Provider plan offered by MetLife

Note: Selecting Aetna or Cigna as your health care company for the Medical Plan does not impact your dental carrier choice – these are independent elections.

There are no changes to the dental plans in 2020; however, Cigna has expanded its DHMO provider network, adding thousands of new dentists. To search for dentists in the expanded network, go to [My Health > Benefits Enrollment > Go to Cigna site > Find your dentist](#).

Employee Stock Purchase Plan

If you are a U.S. benefits-eligible employee hired on or before September 30, 2019, and your [Total Annual Cash Compensation](#) is less than \$250,000, you are eligible to enroll in the Employee Stock Purchase Plan (ESPP) for 2020 during Annual Benefits Enrollment. If you don't enroll for 2020, your next opportunity to participate will be in 2021.

If you are currently participating in the ESPP and remain a contributing participant through December 31, 2019, your current election will carry over to 2020, but be sure to view your current election during enrollment and validate your payroll deduction in January 2020.

Learn more by reviewing the Employee Stock Purchase Plan Prospectus ([me@jpmc > Benefits & Rewards > Retirement Savings & Stock Purchase Plan](#)).

Individual Disability Insurance (IDI)

Generally, if your Total Annual Cash Compensation (TACC) is more than \$400,000, your group Long-term Disability (LTD) coverage may provide limited compensation protection. As a result, you can purchase additional LTD coverage through a fully portable Individual Disability Insurance (IDI) policy (issued by Unum) that would provide an additional maximum monthly disability benefit of up to \$15,000. If you are newly eligible for coverage (or previously waived coverage), you will receive a separate IDI benefit election package in the coming weeks. No evidence of insurability (EOI) is required this year for employees newly eligible for this benefit or for those who previously waived coverage. Contact Covala Group, our IDI benefit administrative service provider, at **1-800-235-3551**. Effective January 1, 2020, changes to IDI can be made each year during Annual Benefits Enrollment.





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Medical Plan Enrollment Checklist

Follow these steps as you make your Medical Plan decision:

✓ Medical options

- Decide which health care company, Aetna or Cigna, is the right fit for you. Visit **My Health** to access the Aetna and Cigna websites, or go directly to <http://aetna-jpmc.com/simplified> and <https://jpmc.cigna.com/simplified> to search for providers in the health care companies' networks, as well as to learn about the tools and resources these companies provide to help you get the most out of your Medical Plan during the year. **Note:** If you're currently enrolled in Cigna, you'll continue to be enrolled with Cigna. If you're currently enrolled in UHC, you'll be automatically enrolled in Aetna or Cigna for 2020, depending on your state of residence. The default mapping to Aetna and Cigna by state is based on several factors, including the health care company's network breadth in that state, as well as the discounts they were able to negotiate in that state. The default health care company for your state will appear on the Benefits Web Center during Annual Benefits Enrollment. Your other elections, such as your Medical Plan option (Option 1 or 2), covered dependents and Medical Reimbursement Account

(MRA)/Health Care Spending Account (HCSA) payment method, will also carry over to 2020 under the Simplified Medical Plan.

- Review your options under the Simplified Medical Plan (Option 1 and Option 2), and choose the best option for you and your family. Option 1 has higher payroll contributions, but lower copays and out-of-pocket maximums. Option 2 has lower payroll contributions, but higher copays and out-of-pocket maximums. Otherwise, both options provide the same coverage.
- Decide if you want to cover your spouse/domestic partner or have them explore alternative medical coverage (e.g., through their employer).

✓ Paying for health care services

- Review the way you pay for health care through your MRA and/or HCSA – automatic claim payment or debit card. To understand the difference between the two options, review the **Helping You Choose: Automatic Claim Payment vs. Debit Card Tip Sheet** at [My Health > Benefits Enrollment > 2020 Benefits Resources](#).
- Decide if you want to contribute to the HCSA for 2020. **You must enroll each year, even if you already have an account.**

- Don't forget about carryover funds when planning how much to contribute to your HCSA next year. Up to \$500 in unused funds in your 2019 HCSA will carry over to your 2020 HCSA administered by Aetna or Cigna. (If you do not enroll in the Medical Plan, your HCSA will be administered by Cigna.) Any unused funds from your 2019 MRA will carry over into your 2020 MRA administered by Aetna or Cigna, as long as you're a JPMorgan Chase employee. MRA funds are used first for eligible medical and prescription drug expenses before you can use the funds in your HCSA (see information below).

It's important to know that your MRA funds will be used first to pay for eligible out-of-pocket medical and prescription drug expenses. Once you've used all the funds in your MRA, you can then use your HCSA for eligible medical and prescription drug expenses. Your HCSA can be used for dental and vision expenses, as well as medical and prescription drug expenses; MRA funds cannot be used for dental or vision expenses.





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Other benefits Enrollment Checklist

Follow these steps as you make decisions about your other benefits for 2020:

✓ Life, AD&D and Long-Term Disability Insurance

- Consider enrolling in or changing your current level of Life and AD&D insurance to make sure you have the right level of financial protection.
- Consider electing Long-Term Disability (LTD) coverage to provide valuable income protection you may need for you and your family. LTD coverage also allows you to continue JPMorgan Chase Medical Plan and certain other benefits coverage up to 24 months after your LTD effective date. If your Total Annual Cash Compensation (TACC) is less than \$60,000, you'll automatically receive LTD coverage of 60 percent of your TACC, fully paid by JPMorgan Chase.
- Decide if you want additional LTD coverage if your TACC is more than \$400,000. You can purchase additional LTD coverage through a fully portable Individual Disability Insurance (IDI) policy (issued by Unum) that would provide an additional maximum monthly disability benefit of up to \$15,000. See [page 27](#) for more details.

✓ Other benefits considerations

- Decide if you want to participate in the **Dependent Care Spending Account**, which will be administered by your health care company – Aetna or Cigna. (If you do not enroll in the Medical Plan, Cigna will be the administrator of your Dependent Care Spending Account.) **You must enroll each year, even if you already have an account.**
- Consider electing **Personal Excess Liability coverage**, or if already enrolled, review your coverage amount to make sure it meets your needs.
- Take a look at your **other benefits** – including vision, dental and group legal services – to be sure they still meet your needs.
- Consider participating in the **Transportation Spending Account**. Learn more at **My Rewards**. Please note that you can enroll or make changes any time during the year.
- Decide if you want to participate in the **Employee Stock Purchase Plan (ESPP)**. [Learn more.](#)





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Actions to consider

Be sure to consider these actions you may need to take as you're making your Annual Benefits Enrollment decisions:

- Tobacco users continue to pay higher rates for the Medical, Supplemental Term Life Insurance and Long-Term Disability Insurance Plans. You or your spouse/domestic partner can reduce your rates in 2020 when you **complete a four-week Quit For Life® Tobacco Cessation Program** by December 3, 2019. Start no later than November 4, 2019, to make sure you have enough time to complete the program. Enroll for the **Quit For Life Program** at myquitforlife.com/jpmorganchase or call **1-866-QUIT-4-LIFE (1-866-784-8454)** and schedule time to talk with a coach.
- **Check the Dependent Eligibility Requirements** to determine whom you can cover under your benefits.
- **Make sure all Social Security numbers for your covered dependents are updated** on the Benefits Web Center. If you need help, send a message to Ask HR on me@jpmc or call accessHR from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday, at **1-877-576-2427, Option 2, Option 6** (U.S. toll free).
- **Update your beneficiary(ies)** for your Life and Accident Insurance Plan benefits, as well as your JPMorgan Chase 401(k) Savings Plan and Retirement Plan benefits. Go to [My Health > Online Beneficiary Designation Site](#).

For more information or to review Tip Sheets with helpful details, go to [My Health > Benefits Enrollment > 2020 Benefits Resources](#).

Spending account reminders

- With the Dependent Care Spending Account (DCSA), you will forfeit any remaining account balance if you don't use it for eligible expenses incurred during the plan year (January 1 – December 31, 2019) and file for reimbursement by March 31, 2020.
- For the Health Care Spending Account (HCSA), any remaining balance up to \$500 will automatically roll over from 2019 to 2020. Unused amounts over \$500 will be forfeited after March 31, 2020, if you don't use them for eligible expenses incurred during 2019.
- If you don't contribute to the HCSA in 2020, any unused amount under \$25 will be forfeited.





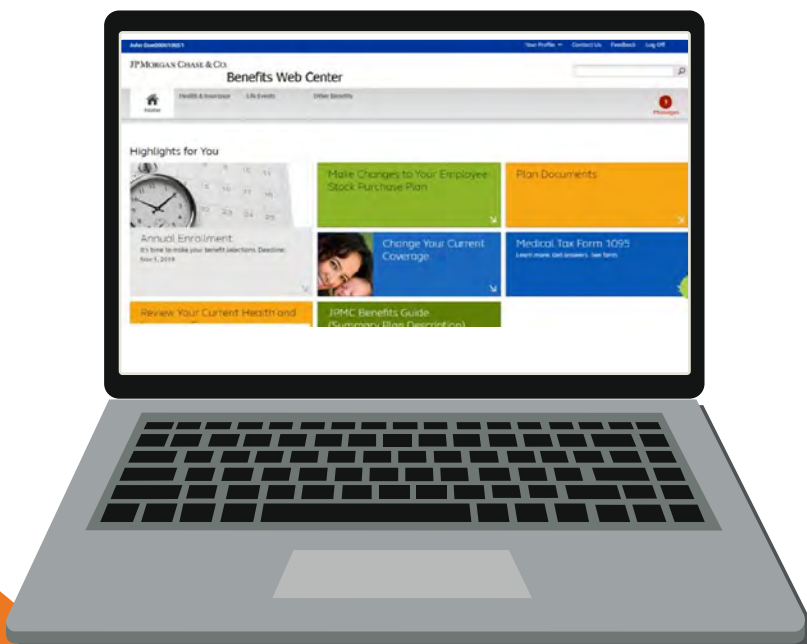
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Enroll for your benefits

Enroll between Tuesday, October 15, and Friday, November 1.

Make your 2020 benefits elections through the Benefits Web Center. You can access it through [My Health > Benefits Enrollment](#). Look for the link “**Enroll in or view your benefits.**”



Confirming your coverage.

- If you enroll online through the Benefits Web Center, you'll need to “**Confirm**” your choices to complete your enrollment. You'll receive a confirmation email after you complete your enrollment.
- If you enroll by calling the accessHR Benefits Contact Center, a confirmation of your 2020 benefits elections will be mailed to your home address.

If you don't enroll.

- If you're currently enrolled in the Core Medical Plan and other benefits and take no action during the enrollment period, you'll generally default to your current 2019 elections under the Simplified Medical Plan at 2020 rates. If you're currently enrolled in Cigna, you'll continue to be enrolled with Cigna. If you're currently enrolled in UHC, you'll be automatically enrolled in Aetna or Cigna for 2020, depending on your state of residence. The default mapping to Aetna and Cigna by state is based on several factors, including the health care company's network breadth in that state, as well as the discounts they were able to negotiate in that state. The default health care company for your state will appear on the Benefits Web Center during Annual Benefits Enrollment. Your other elections, such as your Medical Plan option (Option 1 or 2), covered dependents and Medical Reimbursement Account (MRA)/Health Care Spending Account (HCSA) payment method, will also carry over to 2020 under the Simplified Medical Plan.
- You'll need to enroll for the HCSA and Dependent Care Spending Account (DCSA) if you want to participate in 2020.
- You'll receive a statement in the mail confirming your 2020 benefits elections.

If you need more time to make enrollment decisions.

If the enrollment period for your spouse/domestic partner is later than JPMorgan Chase's, and if you need assistance, send a message to Ask HR on me@jpmc or call accessHR from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday, at **1-877-576-2427, Option 2, Option 6** (U.S. toll free).

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Tools to compare and choose your medical coverage options

Take a look at the resources JPMorgan Chase provides to help you make the right decision about your 2020 medical coverage, as well as compare your plan options with others that are available to you, such as your spouse's/domestic partner's plan.

Resource	What is it?	Go to My Health and select...
Connect to either of our 2020 health care companies, Aetna or Cigna	You can find an in-network doctor, estimate medical costs and more.	Benefits Enrollment > Deciding between Aetna and Cigna for 2020? <i>Not a member yet?</i> Go to the Benefits Web Center and select Aetna or Cigna
Health Plan Comparison Charts	Compare the details of your JPMorgan Chase Medical Plan options.	Benefits Enrollment > Enroll in or view your benefits (Benefits Web Center) From the Medical Enrollment Page, select Compare Up to 3 Plans
Summaries of Benefits and Coverage	Use these standardized summaries to compare your JPMorgan Chase Medical Plan options with your spouse's/domestic partner's or child's Medical Plan options that may be available through another employer.	Benefits Enrollment > Enroll in or view your benefits (Benefits Web Center) Choose the Health Care & Insurance Plan tab and select Plan Information from the drop-down menu.
DecisionDirect™	After you answer a few simple questions about your health care needs and preferences, DecisionDirect will suggest a Medical Plan option for you. It will also let you know whether you should consider contributing to the HCSA and can help you decide whether to elect automatic claim payment or the debit card for your MRA and/or HCSA payments.	Benefits Enrollment > Enroll in or view your benefits (Benefits Web Center) From the Welcome Page, select Get Started

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Tools to compare and choose your medical coverage options (continued)

Resource	What is it?	Go to <u>My Health</u> and select...
Medical Expense Estimator	By using your past claims history or national estimates, you can project out-of-pocket expenses under each of the Medical Plan options for you and your covered dependents for 2020. You can choose your Medical Plan option by comparing your estimated total annual costs (payroll contributions plus out-of-pocket expenses) under each available option based on the services you and your family expect to use next year.	Benefits Enrollment > Enroll in or view your benefits (Benefits Web Center) > Go to Enrollment From the Medical Enrollment Page, select Estimate Your Medical Expenses
MRA Value Estimator	See up front how much money you could get to cover eligible out-of-pocket medical and prescription drug costs by completing certain wellness activities in 2020.	Benefits Enrollment > Enroll in or view your benefits (Benefits Web Center) > Estimate Your MRA Funding from the To Do List
Health Care Spending Account Estimator	Plan how much to put into your HCSA so you can avoid contributing too much or too little. This way, you can maximize your tax savings while avoiding the loss of unused amounts at year-end (i.e., amounts larger than \$500).	Benefits Enrollment > Enroll in or view your benefits (Benefits Web Center) > Estimate Your Health Care Spending Account Needs from the To Do list
Tip Sheets	Learn how to use your Medical Plan wisely. These helpful resources offer practical tips on getting the most out of your coverage. Topics range from understanding your costs, to choosing where to get care, to whom to call with benefits questions.	Benefits Enrollment > 2020 Benefits Resources





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Tools to use throughout the year

[My Health](#) is your centralized online resource where you and your family can go during the year.

My Health now has a new look and feel. Recent changes now group and organize the content in related sections – making it easier for you to find health and well-being benefits information. Use the table below to see what you can do on [My Health](#).

Visit My Health

From work: Type “go/myhealth” into your intranet browser.*
From home: Visit myhealth.jpmorganchase.com.

If you want to...	Go to My Health and select...
Check your MRA balance.	Medical, Rx, MRA & Spending Accounts > My MRA & Spending Accounts
Check your HCSA and/or DCSA balance.	Medical, Rx, MRA & Spending Accounts > My MRA & Spending Accounts
Get information about completing a free biometric Wellness Screening and completing an online Wellness Assessment to earn MRA funds.	Learn about your Wellness Screening and Assessment
Get information about the Prescription Drug Plan, including covered and excluded drug lists (administered by CVS Caremark).	Medical, Rx, MRA & Spending Accounts > My Prescription Drugs
Get the most detailed description of the two Medical Plan options, how they work and what they cover in the 2020 Medical Plan Summary Plan Description.	Benefits Enrollment > 2020 Benefits Resources > Benefit Plan Details (Summary Plan Descriptions) > Health Care Benefits





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Benefits reminders

Coverage effective dates

In most cases, the coverage you elect during Annual Benefits Enrollment takes effect January 1, 2020, and remains the same throughout the year, unless you experience a qualified status change during the year.

Qualified status changes

Annual Benefits Enrollment is generally the only time you can enroll in or make changes to your benefits during the year. However, you can make certain changes during the year if you experience a qualified family status change (such as marriage, divorce, or the birth or adoption of a child) or work status change (such as an adjustment to your regularly scheduled work hours that results in a change to your eligibility for benefits). Any resulting coverage changes must be made within 31 days* after the date of the event. You cannot change your health care company, even if you have a qualified status change.

Evidence of insurability (EOI) for LTD and Supplemental Term Life Insurance

Both LTD and Supplemental Term Life Insurance are based on Total Annual Cash Compensation. Any LTD or life insurance election made during Annual Benefits Enrollment will be subject to EOI – or proof of good health. Your new coverage – and any associated contributions – will not take effect until it is approved by the insurance carrier. You must be actively at work on the date your new or newly approved coverage takes effect.

Expecting a qualified family or work status change during Annual Benefits Enrollment?

If you experience a qualified family status change (such as marriage, divorce, the birth or adoption of a child) or a work status change (such as an adjustment to your regularly scheduled work hours that results in a change to your eligibility status) during Annual Benefits Enrollment, your eligibility for certain benefits plans may be affected, and you may be temporarily unable to use the Benefits Web Center. For more information, send a message to Ask HR on me@jpmc or call accessHR from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday, at 1-877-576-2427, Option 2, Option 6 (U.S. toll free).

What happens when you turn 65 or become eligible for Medicare?

If you continue to work at JPMorgan Chase past age 65, or if you cover a Medicare-eligible dependent while you are an active employee, you (and your covered dependent, if applicable) will continue to have JPMorgan Chase coverage.

Once you retire or are disabled under our Long-Term Disability (LTD) Insurance Plan and are eligible for Medicare, JPMorgan Chase does not sponsor health care coverage (medical, prescription drug, dental or vision) for you or your covered dependents once they are Medicare-eligible.

Instead, Medicare-eligible participants have access to individual health care policies available through Via Benefits, a private Medicare exchange. A Medicare exchange – also known as a Medicare marketplace – enables you to shop for and enroll in Medicare coordinating plans.

(continues on next page)





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Via Benefits can provide you and your covered spouse/ domestic partner with:

- A variety of medical, prescription drug, dental and vision options to select from to best meet your individual needs and budget;
- The help of licensed benefits advisors to answer your questions and review options so you can make the best choices (based on coverage and costs) for you and your family; and
- Ongoing assistance throughout the year to answer your questions and provide additional information as you use your health care plans.

When you retire or are on LTD and are Medicare-eligible or become Medicare-eligible, you will receive information from Via Benefits. For questions or to learn more, call Via Benefits at **1-844-448-7300** and speak to a representative. Representatives are available Monday through Friday between 8 a.m. and 9 p.m. Eastern Time.

Medical Plan Post-Mastectomy Benefits

All options under the JPMorgan Chase Medical Plan cover certain breast reconstructive benefits for eligible participants in conjunction with a mastectomy. Coverage under the Medical Plan is available for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction for the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications for all stages of mastectomy, including lymphedema.

This coverage is subject to the terms of the Medical Plan option in which you participate, including relevant deductibles and coinsurance provisions. For more information, please contact your health care company.

Newborns' and Mothers' Health Protection Act

In accordance with the Newborns' and Mothers' Health Protection Act, group medical plans and health insurance issuers may not, under federal law, restrict

benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or to less than 96 hours following a cesarean section. Further, the plan cannot require that any medical provider obtain authorization from the plan or any insurance issuer for prescribing a length of stay less than these periods.

HIPAA Privacy Notice

Learn more about your individual rights when it comes to your personal health information and the privacy practices of the JPMorgan Chase Medical Plan and our health care companies. Review the [HIPAA Privacy Notice](#).

Equal Employment Opportunity Commission (EEOC) Wellness Program Notice

Learn more about how JPMorgan Chase's Wellness Program is designed to promote health and prevent health conditions, while being voluntary and keeping your medical information confidential. Review the [EEOC Wellness Program Notice](#).

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Questions? Contact the accessHR Benefits Contact Center

If you have questions about your benefits coverage or the enrollment process, need more time to compare a spouse's/domestic partner's or other family member's options, or if you don't have Internet access from work or home, please send a message to Ask HR on **me@jpmc** or call accessHR from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday, at **1-877-576-2427, Option 2, Option 6** (U.S. toll free).

Quick Path

Here's how you can reach an accessHR representative by phone:

- Enter your Standard ID or Social Security number, and follow the prompts to confirm.
- Select Option 2, then Option 6
- Enter your PIN, and press 9.

The accessHR Benefits Contact Center is open Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays.

Forgot your PIN?

You'll need your PIN to access the accessHR Benefits Contact Center. If you've forgotten your PIN, you can reset it yourself by calling **1-877-JPMChase (1-877-576-2427)**. When prompted to enter your PIN, press "0" followed by "#," and follow the prompts. Once the reset process is complete, you can proceed through the telephone system.

Questions about the health care companies?



	Aetna	Cigna
Phone number	1-800-468-1266	1-800-790-3086
Website to use before January 1, 2020	My Health or http://aetna-jpmc.com/simplified	My Health or www.jpmc.cigna.com/simplified
Website to use for the health care company you choose beginning January 1, 2020	My Health or aetna.com	My Health or mycigna.com

The Summary Plan Descriptions (SPDs) for all plans can be found on [My Health > Benefits Enrollment > 2020 Benefits Resources > Benefit Plan Details \(Summary Plan Descriptions\)](#).

This Bulletin modifies and changes Your Guide to Benefits at JPMorgan Chase and is a summary of material modification for certain plans under the JPMorgan Chase U.S. Benefits Program. It supplements, clarifies and amends various sections of the Guide and the Summary Plan Descriptions, and should be referred to as part of the Guide and the Summary Plan Descriptions. Please retain this information for your records.

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