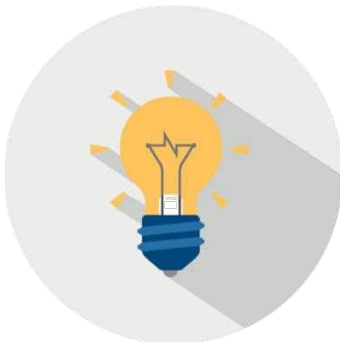




2021 Enrollment Bulletin

2021 Annual U.S. Benefits Enrollment

October 6 – 23, 2020



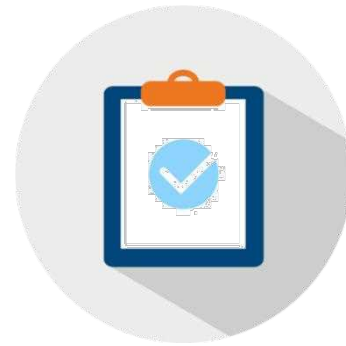
Learn

Discover the Simplified Medical Plan and Wellness Program for 2021



Review

Review your 2021 benefits options, so you can make the best decisions for the coming year



Enroll

Go to the Benefits Web Center to use the tools and enroll for your 2021 benefits

For U.S. employees living in Arizona and Ohio



2021 Enrollment Bulletin

Enrollment Period: October 6 – 23, 2020
Annual U.S. Benefits Enrollment

Get Moving into 2021

This bulletin provides what you need to know to enroll in the benefits that are right for you and your family in 2021, including:

- Instructions on how to complete your online Wellness Assessment through Cigna (even if you're an Aetna member) to save on 2021 medical payroll contributions and earn funds in your 2021 Medical Reimbursement Account (MRA).
- Details about a few benefits changes for 2021.
- A checklist of considerations as you're making your enrollment decisions.
- What happens if you don't take action during 2021 Annual Benefits Enrollment.
- Tools you can use to help you choose and get moving.



October 23: Last day to enroll for your 2021 benefits.

November 20: Last day to complete your online Wellness Assessment (by 11:59 p.m. ET) to save on 2021 medical payroll contributions and earn funds in your 2021 MRA.



2021 Enrollment Bulletin

Make Your Move to Well-Being by November 20, 2020 (11:59 p.m. Eastern Time)



Complete your
online Wellness
Assessment

This year, you'll need to complete **only** the online Wellness Assessment between November 23, 2019 and November 20, 2020 (11:59 p.m. Eastern Time), to save \$500 on your 2021 medical payroll contributions and earn \$100 in your 2021 Medical Reimbursement Account (MRA).

The biometric Wellness Screening is not part of this year's Initial Wellness Activities — yet you'll receive the same savings and earnings as in previous years for completing only the Wellness Assessment.

Your covered spouse/domestic partner will also need to complete only the online Wellness Assessment to save you an additional \$500 on 2021 medical payroll contributions and earn an additional \$50 in your 2021 MRA.

Not enrolled in the JPMorgan Chase Simplified Medical Plan?

You can still earn \$100 in Wellness Rewards if you complete the online Wellness Assessment between November 23, 2019 and November 20, 2020 (11:59 p.m. Eastern Time). The Wellness Rewards will be reflected in your January 2021 pay (and reported as taxable income) if you are actively employed at JPMorgan Chase at that time.

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2021 Enrollment Bulletin

How to complete the online Wellness Assessment with Cigna

An online Wellness Assessment is a survey that asks you questions about your biometric numbers, current health condition, diet, lifestyle, health goals, sleep patterns and more. The information you provide generates a wellness score of your overall health and tips on how to achieve your health goals.

Before you start

If you've previously completed a Wellness Screening, you may notice as you take the Wellness Assessment that your biometric values are pre-populated. You can leave these as is, manually enter your new values (if you have them) or leave these values blank.¹

You may want to have a tape measure handy to measure your waist circumference and input that number when asked. You can also leave this number blank.

A covered spouse/domestic partner will need the JPMorgan Chase employee's Social Security number (SSN) to register with Cigna (if they haven't already).

Ready to take the Wellness Assessment?

From work: Go to [My Health > Complete Your Wellness Assessment](#) (employees only)

From home: Go directly to mycigna.com (employees and covered spouses/domestic partners)

Note: To see if you've taken the Wellness Assessment within the time frame that counts for 2021 savings and earnings (November 23, 2019 – November 20, 2020), go to [My Health > Track your Wellness Assessment Completion](#). If you do not see confirmation that your Wellness Assessment is completed, click [Take my Wellness Assessment](#).

About Cigna.com

The above links are to the Cigna website. Everyone will complete the online Wellness Assessment with Cigna — even if their health care company is Aetna.

Employees: 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).

Covered spouses/domestic partners: You will need to register on mycigna.com as yourself, if you haven't already. You'll be asked to provide the JPMorgan Chase employee's Social Security number and ZIP code, as well as your name and date of birth.

If you have questions, see [Help with registering on cigna.com](#) on **My Health**.

¹If you choose to complete a Wellness Screening — though not part of this year's Initial Wellness Activities to save and earn in 2021 — your results will be automatically uploaded to the Wellness Screening Portal within 15 days (depending on where you received your screening). They will be uploaded to mycigna.com (even if you're an Aetna member) within three weeks (depending on where you received your screening). See **My Health** for details.



2021 Enrollment Bulletin

Note: While Cigna will administer the Wellness Assessment, your 2021 MRA and Spending Accounts will be managed by the health care company you choose for 2021 — Aetna or Cigna. That means any 2021 MRA funds you earn from your Initial Wellness Activity will be deposited into your MRA in January 2021 (if you are actively employed at that time) with your 2021 health care company.

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

Important notes about completing your Wellness Assessment

Here are some important things you need to know about completing your online 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 2021 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 this activity between November 23, 2019, and November 20, 2020 (11:59 p.m. Eastern Time), you will lose these savings, and payroll contributions will increase in February 2021. The \$500 or \$1,000 increase will be applied in equal installments to each paycheck from the first effective paycheck in February 2021 through December 2021.¹
- Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after September 1, 2020, will automatically save \$500 (or \$1,000 if covering a spouse/domestic partner) on both 2020 and 2021 medical payroll contributions *without completing the Initial Wellness Activity in 2020*. They will have until the 2021 Initial Wellness Activity deadline (to be communicated in 2021) to earn 2021 MRA dollars for completing the Initial Wellness Activity; however, if they complete the Initial Wellness Activity by November 20, 2020, they not only earn Wellness Rewards for their 2020 MRA, but for their 2021 MRA too.
- Employees who are on an approved leave of absence for 45 consecutive days between September 1 and November 20, 2020, and do not complete a Wellness Assessment during that time will automatically save \$500 in 2021 on their medical payroll contributions (or \$1,000 if they cover a spouse/domestic partner). Other provisions of the JPMorgan Chase Medical Plan and Wellness Program will continue to apply, including the opportunity for employees and covered spouses/domestic partners to earn MRA funds for completing Additional Wellness Activities.

¹ You have until June 30, 2021, to open a case with Cigna if you believe your online Wellness Assessment was completed by the deadline and not reflected in your medical payroll contributions.





2021 Enrollment Bulletin

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**.)

Preventive care is important to your health

While the Wellness Screening is not part of this year's Initial Wellness Activities to save and earn in 2021, it is still a proven tool in providing a snapshot of your overall health, which may uncover unknown health conditions. Please plan ahead and schedule your preventive care visits at a time that's right for you this year. And if you choose to get a Wellness Screening, you still have the opportunity to get one through the JPMorgan Chase Wellness Program.

Don't forget your free flu vaccine!

An annual flu vaccine is the best way to reduce your risk of getting the flu and spreading it to others. Keeping yourself well is one of the most important things you can do — especially in the middle of the coronavirus pandemic. You can get a free flu shot onsite at certain JPMorgan Chase locations, at a CVS or Target pharmacy or from your doctor. [Learn more](#).





2021 Enrollment Bulletin

Know your Wellness Incentive Path – A or B?

Throughout the year, you'll continue to be rewarded for the healthy actions you take along your assigned Wellness Incentive Path (A or B) each month.

Because Wellness Screenings — used to determine your Wellness Incentive Path as part of the Simplified Wellness Program for 2020 — are not part of the Initial Wellness Activities this year, **you'll stay on your current path for 2021.**

If you are not currently on a Path because you didn't complete a Wellness Screening in 2019 or 2020 (or are newly eligible for benefits), you'll be assigned to follow Path A (Activity Tracking) in 2021.

Along Path A, you must reach an activity goal at least 20 days each month to earn the \$45 monthly incentive.* (Note that along Path B, the goal is to actively participate in health coaching activities to earn the \$45 monthly incentive.)

If you are defaulted to — or currently on — Path A but would prefer to follow Path B (or vice versa), you can complete a Wellness Screening by November 20, 2020 (11:59 p.m. Eastern Time), to see if you qualify based on your biometric outcomes. For details, see [How to complete your biometric Wellness Screening](#) on **My Health**.

The path assigned to you as of January 1, 2021, will stay in effect for the remainder of the calendar year.

**If it is unreasonably difficult due to a medical condition for you and/or your covered spouse/domestic partner to achieve the standards for the reward, contact Virgin Pulse to work with you (and, if you wish, with your doctor) on an alternative.*



2021 Enrollment Bulletin

Changes to the Simplified Wellness Program for 2021

There are no changes to Path A (Activity Tracking) for 2021. For Path B (Health Coaching), participants will earn MRA dollars for each month in 2021 that they actively participate in **two activities** of their choice (rather than health coaching only).

Path B 2021 Monthly Activities

You and your covered spouse/domestic partner will each choose two of the following:

- One-on-one coaching activities through Newtopia
- Nutrition tracking (12 times per month)
- Weight tracking (8 times per month)
- Utilization of Newtopia’s app (12 times per month)
- A Newtopia challenge (once per month)
- Activity tracking (7,000 steps per day for 10 days per month)

For both Path A and Path B, there are no changes to meQuilibrium – the online program (and app) designed to help you manage stress, feel your best and become more resilient.

Watch for more information about the 2021 Simplified Wellness Program in December, including a 2021 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.



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Don't forget about your 2020 MRA funds!

Remember, you and your covered spouse/domestic partner have until December 31, 2020, to maximize your earnings in your 2020 Medical Reimbursement Account (MRA).

Along Path A, the goal is to complete an activity goal at least 20 days each month to earn \$45 per month in your 2020 MRA (plus \$22.50 per month when your covered spouse/domestic partner does the same).

Along Path B, the goal is to actively participate in health coaching activities each month to earn \$45 per month in your 2020 MRA (plus \$22.50 per month when your covered spouse/domestic partner does the same).

There's more to earn...

For each quarter you complete meQuilibrium activities to earn one gold badge, you'll earn \$25 **per** quarter up to \$100 in your 2020 MRA (plus \$12.50 per quarter up to \$50 when your covered spouse/domestic partner does the same).

Visit [My Health > My 2020 MRA Additional Wellness Activities](#) for more information.





2021 Enrollment Bulletin



The Simplified Medical Plan

Now more than ever, helping employees and their families get and remain healthy is a high priority for JPMorgan Chase. Our U.S. Medical Plan covers almost 300,000 employees and dependents and provides care ranging from preventive screenings to treatment of minor illnesses, chronic conditions and other serious situations — such as COVID-19 — that we all hope will never happen.

The Simplified Medical Plan will be offered again in 2021 for employees living in Arizona and Ohio. This has been a highly unusual year where more routine care has been delayed due to COVID-19. Therefore, some of the insights we had hoped to gather from a two-year pilot, in terms of the simplicity and transparency of the plan, may take longer to gather than initially anticipated. For 2021, we've decided not to make any significant changes in the Medical or Prescription Drug Plans.





2021 Enrollment Bulletin

No major changes to the Medical Plan

Great news! For 2021, there are no major changes in the types of services covered under the JPMorgan Chase Medical Plan with Aetna and Cigna or the Prescription Drug Plan with CVS Caremark.

In 2021, the Medical Plan will continue to offer:

- Eligible in-network preventive care (including physical exams and recommended preventive screenings) and eligible preventive generic drugs covered at 100% with no copayments.
- The same flat-fee copays.
- No in-network deductibles or coinsurance.
- The same types of covered medical services.
- No need to designate a primary care physician (PCP), and no specialist referrals are required.

Good news for Simplified Medical Plan members!

Automatic claim payment is back! You can choose whether you want automatic claim payment or a debit card to pay claims from your MRA and HCSA during Annual Enrollment. With automatic claim payment, your health care company (Aetna or Cigna) will automatically use your MRA funds first to pay for eligible medical and prescription drug expenses, then your HCSA funds. See the tip sheet [Spending Your MRA and HCSA: Automatic Claim Payment and Debit Card](#). See [page 15](#) for more information.

Note: *There is only one change to the Medical Plan: Automatic claim payment for Simplified Plan members is back (see the box above to learn more).*

Your medical payroll contributions won't increase*

Good news for 2021! JPMorgan Chase will absorb the increase in medical payroll contributions, which means your payroll contributions will remain flat from 2020 to 2021.*

The cost of medical coverage continues to rise each year, and JPMorgan Chase absorbs most of the cost increase. Overall, the firm pays about 75% of plan costs, and employees on average pay the other 25% through payroll contributions. Those who have higher levels of compensation pay more than 25% for medical coverage, and certain lower-paid employees pay around 12%.

**Assumes the following variables remain the same from 2020 to 2021: plan and coverage level election, [Total Annual Cash Compensation \(TACC\)](#), tobacco user status, Initial Wellness Activity participation.*

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For details about the Medical Plan, how it works and the covered services it provides, see the Summary Plan Descriptions available at jpmcbenefitsguide.com. You can also find the link at me@jpmc > **Benefits & Rewards** > **Benefits & Rewards Home** > **Your Guide to Benefits (SPDs)**. Access to Your Guide to Benefits (SPDs) is also available via **My Health** and **My Rewards**.

No change to the Prescription Drug Plan

Your prescription drug coverage is part of the Simplified Medical Plan and is administered by CVS Caremark® — regardless of the health care company you choose. For 2021, there are no changes to the Prescription Drug Plan, so if you're currently enrolled in the Simplified Medical Plan and continue coverage for next year, you'll keep your same prescription drug ID card for 2021.

You can check to see if your prescription drug is covered on CVS Caremark's Covered Drug List on the CVS Caremark website, which you can access through **My Health** or at caremark.com/jpmc. Drug lists are subject to change quarterly by CVS Caremark. If your drug is not on the covered list, ask your doctor if there's an alternative you can take.

The following drug lists are available:

- **CVS Caremark® Standard drug list:** A guide that includes covered generic and preferred brand name traditional drugs.
- **CVS Caremark® Specialty drug list:** A guide that includes covered generic and preferred brand name specialty drugs.
- **CVS Caremark® Generic Preventive drug list:** Generic preventive drugs available at no cost to you.

These drug lists are not all-inclusive lists of covered drugs. Both drug lists include covered drugs grouped by drug category, alphabetically for quick reference and also include a list of excluded/not covered drugs along with their preferred alternatives.

Note: *Your cost will be lowest for generic and preferred brand name prescriptions (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.*





2021 Enrollment Bulletin

Your Medical Reimbursement Account and Spending Accounts

Your Medical Reimbursement Account (MRA), Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA) will be managed by the health care company you choose for 2021 — either Aetna (through PayFlex, an Aetna subsidiary) or Cigna. Note that if you are not enrolled in the Simplified Medical Plan, Cigna will administer your HCSA and DCSA.

Medical Reimbursement Account (MRA) changes

You'll earn funds in your 2021 MRA for completing:

- **Initial Wellness Activities** – For this year, you will need to complete *only* the online Wellness Assessment by November 20, 2020 (11:59 p.m. Eastern Time). The biometric Wellness Screening will not be part of this year's Initial Wellness Activities. See [page 3](#).
- **Additional Wellness Activities** – No change to Path A activities, but there will be a change in Path B activities. You'll have the opportunity to earn the same dollar amounts in 2021 for completing Path A or Path B activities. See [page 7](#).

Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA) changes

HCSA

- If you want to participate in the HCSA in 2021, you must make an election during Annual Benefits Enrollment. Prior year elections will not automatically carry over.
- If you have a balance of up to \$550 in your HCSA at the end of 2020, it will automatically roll over into your 2021 HCSA. (This amount was previously \$500.) Unused 2020 amounts over \$550 in the HCSA and any remaining amounts in the DCSA will be forfeited after March 31, 2021, if you don't use them for eligible expenses incurred during 2020.
- If you were previously enrolled in the HCSA and do not choose to participate the following year, any unused amounts under \$25 will be forfeited.





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- Keep in mind that due to the CARES Act, menstrual products and certain over-the-counter drugs without a doctor's prescription are now eligible for reimbursement through the HCSA — that includes aspirin and other pain medications, as well as allergy medications.

DCSA

There are no changes to the DCSA for 2021. As a reminder:

- If you want to participate in the DCSA in 2021, you must make an election during Annual Benefits Enrollment. Prior year elections will not automatically carry over.
- Any unused 2020 DCSA amounts will be forfeited after March 31, 2021, if you don't use them for eligible expenses incurred during 2020.

HCSA and DCSA reminders

- If you have an unused balance in your 2019 HCSA and/or DCSA, the deadline to submit eligible 2019 HCSA and DCSA claims has been extended to 60 days after the end of the COVID-19 pandemic outbreak period (yet to be determined by the federal government). The deadline for 2019 HCSA and/or DCSA claims was previously March 31, 2020.
- During 2020, as a result of COVID-19-related legislation, you can change your 2020 HCSA and/or DCSA elections for any reason (typically, you can only change elections outside of Annual Benefits Enrollment if you have a qualified status change). If you would like to change your 2020 HCSA and/or DCSA elections, please contact HR Answers for assistance.

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.

Please Note: It is possible that additional legislation may be released, which will impact the HCSA and DCSA. If that happens, we'll be sure to notify plan participants.





2021 Enrollment Bulletin

Automatic claim payment vs. debit card

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.** Both Aetna and Cigna will automatically use your MRA funds first, then HCSA funds, to pay for your portion of eligible out-of-pocket medical and prescription drug expenses. This is new for the Simplified Plan!
- **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 2020 payment method will carry over to 2021.

To make a change to your 2021 payment method, select **View/Change** on Your Benefit Summary.

If you're newly enrolling in the JPMorgan Chase Simplified Medical Plan and do not make a payment method election, you will be defaulted to debit card. We encourage you to actively elect either automatic claim payment or debit card during the enrollment process.

Please keep in mind that automatic claim payment assumes you did not pay your portion of your eligible medical expense at the time of service and pays your provider/facility your portion directly. If you pay your portion at the time of service, your provider/facility will be double-paid — once from you at the point of service and once from your MRA/HCSA (assuming funds are available). It will be your responsibility to recoup the overpayment from your provider/facility (although your health care company can try to assist you). Therefore, if the providers or facilities you visit are requiring you to pay at the point of service, the automatic claim payment method may not be right for you; you should consider the debit card payment method.

Learn more about your payment options by reviewing the tip sheet **Spending your MRA and HCSA: Automatic Claim Payment and Debit Card** at [My Health > Benefits Enrollment > 2021 Benefits Resources](#).



2021 Enrollment Bulletin

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

If you are changing health care companies for 2021, there will be a delay in your unused MRA and/or HCSA funds from the prior year transitioning to your MRA/HCSA at your new health care company (generally occurs in the April time frame). This delay is designed to allow your prior health care company continued access to funds in your MRA/HCSA to pay prior year eligible claims that are processed in the first four months of the new year. However, if this policy creates a financial hardship, you may contact your new health care company to accelerate the transition of your MRA/HCSA, which may allow you to access your prior year unused MRA/HCSA funds more quickly.

TIP: Be sure to submit any 2020 MRA/HCSA or DCSA claims to your 2020 health care company as soon as possible (to avoid any delays in reimbursement, given the transition of these funds to your new health care company).





2021 Enrollment Bulletin

Other Changes to Benefits

We're not making many changes to your other benefits for 2021, just Supplemental Term Life Insurance.

Supplemental Term Life Insurance

We are introducing lower rates for both Employee and Spouse/Domestic Partner Supplemental Term Life Insurance (STL) coverages offered by MetLife, effective January 1, 2021. New STL rates can be viewed on the Benefits Web Center.

Additionally, MetLife is making a special enrollment available, which offers favorable Evidence of Insurability (EOI) — or proof of good health — for certain Employee STL coverage levels.*

If you are currently enrolled:

You can purchase additional Employee STL Insurance without EOI, in increments of \$10,000, up to the lesser of two times your Total Annual Cash Compensation (TACC) or \$500,000.

EOI is required if \$10,000 increments exceed the lesser of two times your TACC or \$500,000; however, you are limited to 10 times TACC, up to \$3 million.

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

Additional information on STL Insurance and coverage tools can be found on the [Benefits Web Center](#). Visit the MetLife website located on the Benefits Web Center home page to learn more.

If you are not enrolled:

You can purchase Employee STL Insurance, without EOI, in increments of \$10,000, up to the lesser of one times your TACC or \$500,000.

EOI is required if \$10,000 increments exceed the lesser of one times TACC, or \$500,000; however, you are limited to 10 times TACC, up to \$3 million.

**Only available during 2021 Annual U.S. Benefits Enrollment. You must be actively-at-work on January 1, 2021, for coverage to become effective.*



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What is Total Annual Cash Compensation (TACC)?

Your TACC is:

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

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

No changes to these other benefits

There are no changes to these other benefits for 2021:

- Prescription Drug
- Dental (and your payroll contributions will not increase)
- Vision
- Dependent Care Spending Account (DCSA)
- Group Legal
- Personal Excess Liability Insurance
- Long-Term Disability and Individual Disability Insurance (if applicable)

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2021 Enrollment Bulletin

Enrollment Checklist

Use this checklist as a guide as you make your 2021 Annual Benefits Enrollment decisions.

Medical Plan

Choose an option	Choose a health care company	Decide which dependents to cover	Decide how to pay claims from your MRA and HCSA
<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2	<input type="checkbox"/> Aetna <input type="checkbox"/> Cigna	<input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren)	<input type="checkbox"/> Automatic claim payment <input type="checkbox"/> Debit card
What you need to know	What you need to know	What you need to know	What you need to know
<p>Option 1 has higher payroll contributions, but lower copays and annual out-of-pocket maximums. Option 2 has lower payroll contributions, but higher copays and annual out-of-pocket maximums. Otherwise, both options provide the same coverage. See the tip sheet on My Health, Choosing Your Medical Plan Option and Health Care Company.</p>	<p>Go directly to http://aetna-ipmc.com/simplified and https://ipmc.cigna.com/simplified to search for providers in their networks, and see the tools and resources each provide. Note: <i>Your current health care company will carry over to 2021 unless you elect to change it this enrollment period.</i> CVS Caremark will manage your Prescription Drug benefit regardless of which health care company or plan option you choose.</p>	<p>You will be asked to provide proof that your dependent(s) meets the rules outlined in the tip sheet Dependent Eligibility Requirements, found on My Health and the Benefits Web Center.</p>	<p>Automatic claim payment is easy to use while debit card gives you more control of your funds. For details, see the tip sheet on My Health, Spending Your MRA and HCSA: Automatic Claim Payment and Debit Card.</p>

Save on payroll contributions

Complete an online Wellness Assessment	Decide to quit tobacco
<input type="checkbox"/> You (\$500) <input type="checkbox"/> Covered spouse/domestic partner (\$500)	<input type="checkbox"/> Enroll in a four-week Quit for Life Tobacco Cessation Program
What you need to know	What you need to know
<p>Complete the 2021 Initial Wellness Activity (online Wellness Assessment only this year) by November 20, 2020 (11:59 p.m. ET), to save on medical payroll contributions. You will also earn rewards in your 2021 MRA. Learn more.</p>	<p>Save on Medical, Supplemental Life and Long-Term Disability Insurance payroll contributions when you complete the program by December 3, 2020. Start no later than November 4, 2020, to make sure you have enough time to complete the program. Enroll at myquitforlife.com/ipmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.</p>





2021 Enrollment Bulletin

☐ Spending accounts

Contribute to an HCSA	Contribute to a DCSA
☐ Contribute up to \$2,750 (2021 limits will be communicated once released by the IRS)	☐ Contribute up to \$5,000 (\$2,500 if married and filing jointly)
What you need to know	What you need to know
<ul style="list-style-type: none"> You must make an active election to participate in 2021; prior year elections do not automatically carry over. 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.) Up to \$550 in unused funds in your 2020 HCSA will carry over to your 2021 HCSA. Unused amounts over \$550 will be forfeited after March 31, 2022, if you don't use them for eligible expenses incurred during 2021. Consider how much is in your MRA currently and how much you plan to earn in the rest of 2020 and throughout 2021. Effective January 1, 2020, all menstrual care products, as well as certain over-the-counter drugs without a doctor's prescription can now be reimbursed under the HCSA. 	<ul style="list-style-type: none"> You must make an active election to participate in 2021; prior year elections do not automatically carry over. Use for child care expenses for dependent children under age 13, or older if disabled, and adult care expenses for your tax-qualified adult dependents. 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, 2021) and file for reimbursement by March 31, 2022.

☐ Dental Plan

Choose an option	Decide which dependents to cover
<input type="checkbox"/> PDP (MetLife) <input type="checkbox"/> DMO (Aetna*) <input type="checkbox"/> DHMO (Cigna*)	<input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Child(ren)
What you need to know	What you need to know
<ul style="list-style-type: none"> All options provide coverage for preventive care, basic and major restorative care. The PDP Option lets you choose between receiving in-network or out-of-network care each time you need dental work. The DMO and DHMO offer you a broad range of dental services by in-network providers. You will be offered the dental plan options that are applicable to you based on your home ZIP code. Search for providers for each of these options on the Benefits Web Center. <p>*Independent of health care company you choose for Medical.</p>	<p>You will be asked to provide proof that your dependent(s) meet the rules outlined in the tip sheet Dependent Eligibility Requirements, found on My Health and the Benefits Web Center.</p>



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☐ Vision Plan

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

☐ Life, Accident and Disability Insurance Plans

Choose a Supplemental Term Life Insurance coverage level	Choose a Supplemental AD&D Insurance coverage level	Choose a Long-Term Disability Insurance coverage level
<input type="checkbox"/> You coverage up to 10 times your TACC in \$10,000 increments to a maximum of \$3 million. <ul style="list-style-type: none"> - Review the special enrollment available during 2021 Annual Benefits Enrollment – see page 17 for details. <input type="checkbox"/> Spouse/domestic partner \$10,000 increments up to a maximum of \$300,000 <input type="checkbox"/> Child(ren) \$5,000, \$10,000, \$15,000 or \$20,000 per eligible dependent child.	<input type="checkbox"/> You coverage up to 10 times your Eligible Compensation in \$10,000 increments to a maximum of \$3 million. <input type="checkbox"/> Spouse/domestic partner \$10,000 increments up to a maximum of \$600,000 <input type="checkbox"/> Child(ren) \$10,000 increments up to a maximum of \$100,000 per eligible dependent child	Those with TACC of \$60,000 or more can elect: <ul style="list-style-type: none"> <input type="checkbox"/> 50% of TACC <input type="checkbox"/> 60% of TACC
What you need to know	What you need to know	What you need to know
JPMorgan Chase provides basic life insurance equal to one times your Total Annual Cash Compensation (TACC) up to a maximum of \$100,000.	AD&D insurance provides financial protection in case of accidental death and certain accidental injuries.	If your TACC is less than \$60,000, you will automatically receive LTD coverage of 60% of your TACC fully paid by JPMorgan Chase.





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Group Personal Excess Liability Insurance Plan

Choose a level of coverage
<input type="checkbox"/> \$2 million <input type="checkbox"/> \$5 million <input type="checkbox"/> \$10 million
What you need to know
Coverage for damages and costs you or a covered family member has to pay beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies. For details, see the Benefit Plan Details (Summary Plan Description) on My Health .

Group Legal Services Plan

Decide if you want to enroll
<input type="checkbox"/> Enroll for Group Legal coverage
What you need to know
<ul style="list-style-type: none"> • Get access to an affordable network of attorneys for routine legal services related to personal and family legal issues, such as wills and estate planning; real estate matters; family law; juvenile matters; name changes; consumer protection; property protection; traffic matters; issues of incompetence; and more. • The Plan automatically covers you, your spouse/domestic partner and all eligible dependent children.

Employee Stock Purchase Plan

Decide if you want to enroll
<input type="checkbox"/> Enroll for the ESPP (those with TACC less than \$250,000)
What you need to know
<ul style="list-style-type: none"> • Become an owner of JPMorgan Chase when you purchase the company's common stock at a 5% discount without paying a broker's fee. • If you are currently participating in the ESPP and remain a contributing participant through December 31, 2020, your current election will carry over to 2021, but be sure to view your current election during enrollment and validate your payroll deduction in January 2021. • Learn more by reviewing the Employee Stock Purchase Plan Prospectus (me@jpmc > Benefits & Rewards > Benefits & Rewards Home > Learn when I can buy JPM stock).

For more detailed information about the plans described here, refer to the Summary Plan Descriptions available on [My Health > Benefits Enrollment > 2021 Benefits Resources > Benefits Plan Details \(Summary Plan Descriptions\)](#).

Don't forget the Transportation Spending Account
 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.



2021 Enrollment Bulletin

Review Your Personal Information

As you're making your Annual Benefits Enrollment decisions, review your personal information to be sure it's up to date.

- **Check the Dependent Eligibility Requirements** to determine who 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 HR Answers on me@jpmc or call HR Answers from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday, at **1-877-576-2427, Option 2, Option 9** (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](#).



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Enroll for Your Benefits

Enroll for your benefits between **Tuesday, October 6, and Friday, October 23**. Make your 2021 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 HR Answers, a confirmation of your 2021 benefits elections will be mailed to your home address.

If you don’t enroll

- If you’re currently enrolled in the Medical Plan and other benefits and take no action during the enrollment period, you’ll generally default to your current 2020 elections at 2021 rates with the same health care company (Aetna or Cigna). For example, if you’re currently enrolled in Cigna, you’ll continue to be enrolled with Cigna.
- You will not participate in the Health Care Spending Account (HCSA) or Dependent Care Spending Account (DCSA). Those elections must be made each year (prior year elections do not automatically carry over).
- You’ll receive a statement in the mail confirming your 2021 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, please send a message to HR Answers. Use the HR Answers widget on me@jpmc or call **1-877-JPMChase (1-877-576-2427)**, 8 a.m. to 7 p.m. Eastern Time, Monday through Friday (**1-212-552-5100** if calling from outside the United States).





2021 Enrollment Bulletin

Tools to compare and choose your medical coverage options on the Benefits Web Center

Take a look at the resources JPMorgan Chase provides on the enrollment site (Benefits Web Center) to help you make the right decision about your 2021 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.

Go to **My Health** > [Benefits Enrollment](#) > [Enroll in or view your benefits](#) (Benefits Web Center) for the following tools:

Resource	What is it?
Connect to either of our 2021 health care companies, Aetna or Cigna	You can find an in-network doctor, estimate medical costs and more.
Health Plan Comparison Charts	Compare the details of your JPMorgan Chase Simplified Medical Plan options. 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 Simplified Medical Plan options with your spouse’s/domestic partner’s or child’s medical plan options that may be available through another employer. Choose the Health Care & Insurance Plan tab, then 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 debit card for your MRA and/or HCSA payments. From the Welcome Page, select Get Started .

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2021 Enrollment Bulletin

Tools to compare and choose your medical coverage options on the Benefits Web Center (continued)

Resource	What is it?
Medical Expense Estimator	By using your past claims history or national estimates, you can project out-of-pocket expenses under each of the Simplified Medical Plan options for you and your covered dependents for 2021. 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. 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 2021. From the To Do List, select Estimate Your MRA Funding .
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 \$550). From the To Do List, select Estimate Your Health Care Spending Account Needs .

Tip Sheets: [Learn how to use your Medical Plan wisely](#)

Tip sheets are helpful resources that offer practical tips on getting the most out of your coverage. Topics range from understanding your costs, to choosing where to get care, to who to call with benefits questions. Go to [My Health > Benefits Enrollment > 2021 Benefits Resources](#).





2021 Enrollment Bulletin

Benefits reminders

Coverage effective dates

In most cases, the coverage you elect during Annual Benefits Enrollment takes effect January 1, 2021, 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 (TACC). Any LTD or Adult Supplemental Term Life Insurance election or increase made during Annual Benefits Enrollment will be subject to EOI — or proof of good health.

During this year's Annual Benefits Enrollment, favorable EOI will be offered for Employee Supplemental Term Life Insurance. See [page 17](#) for details. 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.

**90 days if the qualifying event is the birth or adoption of a child, in which case coverage will be retroactive to the date of the change. Should a newly-eligible dependent die within the 90-day period, you have 90 days to add the dependent to your coverage retroactive to the initial qualifying event (contact HR Answers if this situation applies to you).*





2021 Enrollment Bulletin

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

If you experience a qualified family status change (such as marriage, divorce or 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 HR Answers on me@ipmc or call HR Answers 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. 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.

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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 Simplified 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 Simplified Medical Plan and our health care companies. Review the [HIPAA Privacy Notice](#).

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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 found on me@jpmc](#).

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Questions? Contact HR Answers

If you have questions about your benefits coverage or the enrollment process, need more time to compare a spouse's/domestic partner's or other family member's options or if you don't have Internet access from work or home, please send a message to HR Answers. Use the HR Answers widget on me@ipmc or call **1-877-JPMChase (1-877-576-2427)** from 8 a.m. to 7 p.m. Eastern Time, Monday through Friday (**1-212-552-5100** if calling from outside the United States).

Quick Path

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

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

HR Answers is open Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays.

Or, you use the tip sheet [Who to call with benefits questions](#) and contact the benefits plan directly.

The Summary Plan Descriptions (SPDs) for all plans can be found on [My Health > Benefits Enrollment > 2021 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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Forgot your PIN?

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

