

# Let’s connect

**Get the most from your 2027 health benefits.**

aetna®

# Care for the whole you



## Healthcare made simple

At Aetna®, a CVS Health® company, we bring you a connected, convenient and affordable healthcare experience with:

- Large national provider networks for physical and mental healthcare
- Virtual care options and 24/7 resources
- One-on-one personalized support programs

Check to see if your providers are in our network at **jpmcbenefits.aetna.com**.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company (Aetna).**

# Support when you want it

Seamlessly connect with care and manage your benefits — at home or on the go. Get smart, simple, convenient ways to take charge of your healthcare and benefits.

### Aetna Health℠ app and Aetna® member website

Find providers, track your benefits, access your ID card and more. Once you're a member, register at Aetna.com or text **AETNA** to **90156** for a link to download the app and create an account.*

### Aetna Concierge

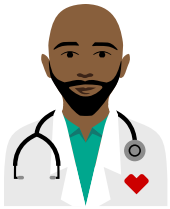
Call one number for all your healthcare questions: 1-800-468-1266 (TTY: 711), Monday through Friday, 8 AM to 8 PM local time.




### Inspira Financial™ app and website

Manage your Medical Reimbursement Account (MRA), Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA) in real time via Inspira. You can access the accounts through single sign-on from **My Health** or when logged in at Aetna.com. To access My Health, go to the JPMorganChase intranet homepage, select **Take Action** and select **View/ Manage Health Benefits**. You can also log in at InspiraFinancial.com or use the Inspira app.

*FOR CREATE AN ACCOUNT: Terms and conditions: Aetna.com/legal-notices/disclaimer.html**.** Privacy policy: Aetna.com/legal-notices/privacy.html. Message and data rates may apply.



# Know your network

Check to see if your providers are in our network.

A network is a group of healthcare providers, such as doctors, specialists, mental health providers, hospitals and other facilities. In-network providers charge lower rates. You can search for in-network doctors, labs, urgent care centers, hospitals and more at jpmcbenefits.aetna.com or by logging in at Aetna.com. Or use the **Aetna Health℠ app** to find providers when you're on the go.

**The Aetna® network is vast and growing. See what it has to offer (as of July 2026).**

- **10,700** hospitals
- **61,000** pharmacies
- **830,000** primary care doctors and specialists
- **1.29M** ancillary & non-physician specialists

## High-performing facilities

You'll also have access to a special network of healthcare facilities:

- **Institutes of Excellence®** for transplants, fertility treatment (Family Building benefits), rare conditions and more
- **Institutes of Quality®** for bariatric, heart and spine surgeries, behavioral health, and knee and hip replacements
- **National Medical Excellence Program®** for organ transplants, rare diseases and heart surgery for children
- **Carrum Centers of Excellence** for complex surgeries and cancer treatments

**CARRUM'S NETWORK OFFERS:**

- **1,100+** Centers of Excellence
- **2,300+** physicians
- **24** miles average distance to Carrum Centers of Excellence



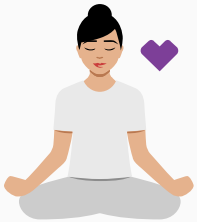
## Continue your current treatment

Are you new to Aetna and receiving ongoing treatment from a provider who's not in the network? If approved, you may be eligible to continue seeing the provider for a limited time and receive in-network benefits.

Some situations that may qualify for transition of care include:

- Chemotherapy or radiation therapy
- Organ transplant
- Pregnancy
- Recent major surgery
- Terminal illness

To learn more or apply, call your Aetna Concierge or **click here**.



# Support for physical and mental health

Your medical plan does more than pay claims. It also helps you manage your overall health and well-being.



## Access JPMC Wellness Rewards

Employees and their covered spouses/domestic partners who complete an annual physical with a primary care provider (PCP) or Virtual Primary Care Provider (VPCP) between January 1, 2026 and December 31, 2026 (11:59 PM ET) will pay a $750 lower rate, up to $1,500 total, on their JPMorganChase U.S. Medical Plan payroll contribution in 2027, compared to if they did not take this action.

Alternatively, if you or your covered spouse/domestic partner complete a biometric wellness screening in 2026 and meet all four healthy outcomes in a single screening, you will also qualify for the $750 lower rate on medical payroll contributions, even if you don't complete a physical.

You can check your completion status on myCigna.com or by visiting go/myhealth > **Check your Primary Care Incentive Status**.

As a JPMorganChase employee, you also have the opportunity to earn up to $700 in your MRA by completing wellness activities between January 1, 2026 and December 31, 2026. Visit **My Health > Wellness Incentive Activities** for more details.

## Virtual care with Teladoc Health

Connect with a provider by video, phone or app for:

- **Virtual Primary Care**, for things like annual physicals, screening guidance and ongoing condition management.
- **Non-emergency medical care 24/7**, for things like colds, flu, allergies and urinary tract infections
- **Mental health counseling by appointment**, for things like addiction, depression, anxiety or family difficulties

Visit TeladocHealth.com/aetna, call 1-855-835-2362 or download the **Teladoc Health app**.

## No-cost preventive care

Preventive care, such as an annual checkup, routine colonoscopy and vaccines, helps prevent health problems or catch them early. As long as you stay in network, you pay nothing for preventive care, subject to age and frequency limits. Learn more about preventive care.

## Fertility medical services

For all U.S. eligible employees and their dependents enrolled in the JPMC U.S. Medical Plan, there is a $10,000 lifetime maximum for family building benefits for both in-network and out-of-network care provided by the medical plan. This limit increases to $35,000[1] for both in-network and out-of-network care if you and/or your covered dependent contact WINFertility and complete a nurse consultation. Additionally, there is a separate $15,000[1] lifetime prescription drug benefit.

Covered services include:

- Fertility treatments such as in vitro fertilization (IVF) and intrauterine insemination (IUI), regardless of whether you have a medical diagnosis of infertility
- Elective fertility preservation, including egg and sperm freezing with 12 months of storage
- Associated prescription medications

WINFertility nurses are available at 1-833-439-1517 (TTY: 711) Monday through Friday, from 9 AM to 9 PM ET, to assist you in selecting a high-quality provider, understanding your treatment options, and providing clinical and emotional support.

[1]The Lifetime (LTM) Increase for Fertility Medical Services and Prescription Drugs is effective July 1, 2025.

Continued



# Support for physical and mental health continued

### Employee Assistance Program (EAP) powered by Spring Health

Get personalized behavioral health and well-being support at no cost to you, including:

- 8 free counseling or therapy sessions with fast access to virtual and in-person appointments
- 6 free coaching sessions for emotional strength and conditioning and dealing with life's daily challenges
- On-demand digital, self-guided exercises

To get started, call 1-877-576-2007 or visit JPMC.SpringHealth.com.

EAP services are in addition to, not instead of, your medical plan benefit. These services are separate from your medical plan benefits.

Members who wish to continue their relationship with a therapist beyond the initial 8 free sessions can do so through the medical plan, subject to a copay.

### Emotional and behavioral health

No matter what you're facing — a mental health condition, a parenting challenge or a few tough weeks — you're not alone. Connect with someone, find community support or learn more on your own to feel better, sooner.

To learn more, log in at AetnaBehavioralHealth.com or call your Aetna Concierge.

### 24-Hour Nurse Line*

Our registered nurses are available 24 hours a day at no cost to you. They can:

- Talk with you about health and wellness issues
- Answer questions about medical tests and procedures
- Help you prepare for a doctor visit

Once you're a member, you can find the phone number on your member website at Aetna.com.

### FACT (Family Advocacy Care Team)

Work with a personal advocate if your child has a special need, such as autism or a behavioral health issue.

### Aetna Healthy Chapters™

Get personalized support, from maternity to postpartum, including:

- Phone-based genetic counseling, screening and cost-effective testing
- Advice on lowering your risk for early labor
- Support for emotional challenges during pregnancy and postpartum
- A maternity support center with resources and information about the maternity journey, and more

To learn more, call Aetna Healthy Chapters™ (formerly Aetna Enhanced Maternity Program®) at 1-800-272-3531 (TTY: 711) weekdays from 8 AM to 7 PM ET.

### Health coaching

Work with a nurse, social worker or dietitian to make healthy lifestyle changes that last.

### Aetna One® Choice program*

Whether you're managing a chronic condition or dealing with other complex health challenges, our nurses can help. A nurse can work with you to put together a plan, help you understand your benefits options and answer your health-related questions. We'll call you if we think you could benefit from nurse support.

### Online Back & Joint Care Support Center

Find information on back and joint pain, including causes of pain, treatment options and tips for long-term health. This center is available when you log in at Aetna.com.

### Online Cancer Support Center

Find information on everything from routine screenings to resources for patients and families. This center is available when you log in at Aetna.com.

*FOR 24-HOUR NURSE LINE and AETNA ONE CHOICE PROGRAM: While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line and care management nurses can provide information on a variety of health topics.

# Ways to save and pay

Stretch your healthcare dollars.

## Medical Reimbursement Account (MRA)

Your MRA is funded by JPMorganChase when you, as the JPMorganChase employee, participate in certain wellness activities[1]. You can't contribute to it yourself. MRA funds can be used to pay for eligible medical and prescription drug expenses and are used before the Health Care Spending Account (HCSA) for these expenses.

If you have any unused dollars in your MRA at the end of the year, they will carry over to the next year as long as you remain employed with JPMorganChase and enrolled in the JPMC Medical Plan.

Between January 1 and December 31, you as the JPMorganChase employee have the opportunity to earn up to $700 in your MRA when you complete certain wellness activities throughout the year. Learn more by visiting **My Health > Wellness Incentive Activities**.

## Two spending accounts

In addition, you can sign up for one or both of these spending accounts that you contribute to and spend tax free[2]:

- **Health Care Spending Account (HCSA)** to pay for eligible healthcare expenses
- **Dependent Care Spending Account (DCSA)** to pay for eligible day care expenses

## Manage your accounts through Inspira

You'll manage your MRA and spending accounts through Inspira. Log in to your Aetna website once you're a member and scroll down to the **Manage in Inspira** link on your home page.

During Annual Enrollment, you'll decide how you want to access the funds in your MRA and HCSA. You won't be able to change this election during the year.

## Choose either:

- **Auto Pay** — funds from your MRA and then HCSA (if you have one) are automatically used to pay your portion of medical care and prescription expenses until funds run out. Automatic verification takes place to confirm the expense is eligible.
- **Debit card** — use your Inspira card to pay for eligible expenses directly. In some cases, you'll need to submit documentation to confirm the purchase was an eligible expense, so be sure to keep your receipts.

Easily access your Inspira accounts through single sign-on from **My Health** or when logged in at **Aetna.com**.



[1] If you're unable to participate in any of the incentive program events, activities or goals due to a medical condition or other reason, you may be entitled to a reasonable accommodation for participation or an alternative standard for rewards. Please contact Aetna if you have questions or require assistance.

[2] Some cities and municipalities may impose income taxes on MRAs or FSAs. For detailed information, please contact your local department of taxation.



# Medical plan options

This chart shows your JPMorganChase Core medical plan options for active employees.



**Know the basics**

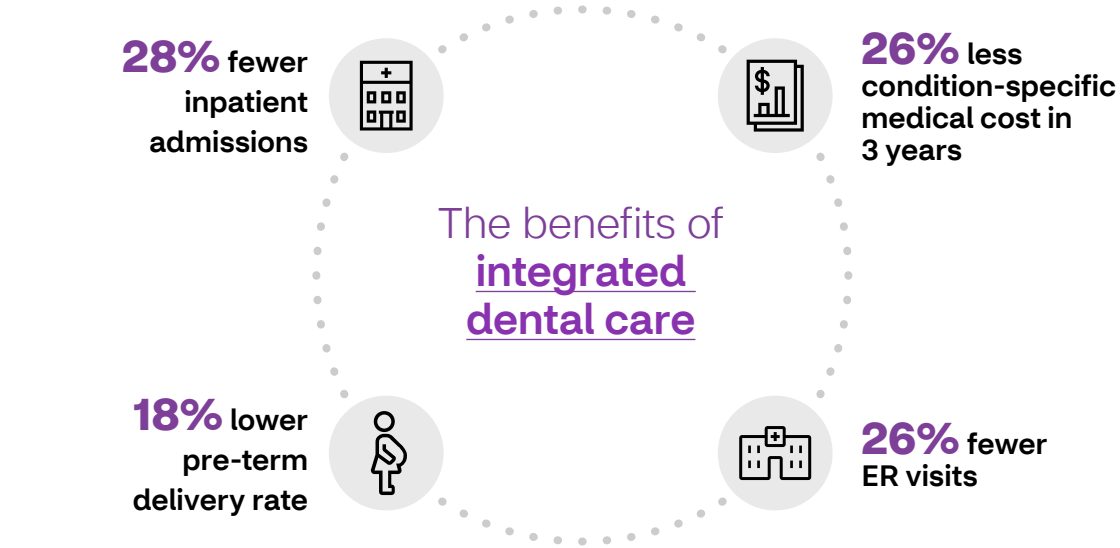
Learn the definitions of any unfamiliar terms with the **glossary on page 12**.

| 2027 medical benefits provisions (what you pay) | U.S. Medical Option 1 | | U.S. Medical Option 2 | |
|---|---|---|---|---|
| | In network | Out of network | In network | Out of network |
| **What you pay for care** | | | | |
| Preventive care | No cost | 50% after deductible | No cost | 50% after deductible |
| Primary care office visit (PCP, pediatrician, Ob/Gyn) | $15, no deductible | | $15, no deductible | |
| Virtual care (general health and mental health) | $15, no deductible | Not applicable | $15, no deductible | Not applicable |
| Mental health/substance abuse outpatient therapy | $15, no deductible | 50% after deductible | $15, no deductible | 50% after deductible |
| Specialist office visit<br>• Less than $100,000<br>• $100,000+ | <br>• $50, no deductible<br>• $75, no deductible | | <br>• $75, no deductible<br>• $100, no deductible | |
| Therapy (physical, speech, occupational) | $25, no deductible | | $35, no deductible | |
| Basic labs | $20, no deductible | | $35, no deductible | |
| Urgent care<br>• Less than $100,000<br>• $100,000+ | <br>• $50, no deductible<br>• $75, no deductible | | <br>• $75, no deductible<br>• $100, no deductible | |
| Other medical costs (X-rays, hospitalization, etc.) | 20% after deductible | | 20% after deductible | |
| Emergency care<br>• Less than $100,000<br>• $100,000+ | <br>• $300, no deductible<br>• $500, no deductible | <br>• $300, no deductible<br>• $500, no deductible | <br>• $600, no deductible<br>• $800, no deductible | <br>• $600, no deductible<br>• $800, no deductible |
| **Annual deductible – employee / employee + spouse/domestic partner or child(ren) / employee + family** | | | | |
| TACC: less than $100,000 | $250/$400/$700 | $2,750/$4,125/$5,500 | $850/$1,600/$2,300 | $4,750/$7,125/$9,500 |
| TACC: $100,000+ | $750/$1,400/$1,800 | | $1,750/$2,800/$4,000 | |
| **Annual out-of-pocket maximum (includes deductible, coinsurance and copays; does not include prescription drugs) – employee / employee + spouse/ domestic partner or child(ren) / employee + family** | | | | |
| TACC: less than $100,000 | $1,250/$2,500/$3,500 | $8,750/$12,125/$17,500 | $2,800/$4,700/$6,600 | $10,750/$15,125/$21,500 |
| TACC: $100,000+ | $2,000/$3,400/$5,100 | | $4,000/$5,900/$8,400 | |

**Note:** Total annual cash compensation (TACC) is defined as your annual rate of base TACC plus applicable job differential pay (for example, shift pay) as of each August 1, plus any cash earnings from any incentive plans that are paid to or deferred by you for the previous 12-month period ending each July 31.

# Dental plan

The Aetna Dental® Dental/Medical Integration℠ program connects oral health and overall health. Current validated outcomes among participating members include:




CURRENT VALIDATED OUTCOMES: Ongoing, statistically valid analysis of Aetna Dental/Medical Integration program customers. Use the approved source citation when distributed externally.



**Integrated care. Meaningful outcomes.**

Members with diabetes and cardiovascular disease experienced:

- 26% less condition-specific medical cost in 3 years
- 26% fewer ER visits
- 28% fewer inpatient admits

Members who are pregnant experienced:

- 18% lower pre-term delivery rate

# Getting started

Follow the steps below to get the most from your plan.

## Look for your ID card.

If you're new to Aetna®, look for your member ID card in the mail shortly after you enroll. Put it in your wallet, or store a digital copy in your mobile wallet.

Get a digital copy of your ID card through your Aetna member website or the **Aetna Health℠ app**.

## Register for your member website at Aetna.com.

It's your one-stop online resource to manage your benefits, find network doctors, look up costs, check on a claim, print an ID card and much more.

To register, visit Aetna.com and click **Member login** to get started.

## Register for your Inspira account.

Seamlessly manage your MRA, HCSA and DCSA, if elected.

To access your Inspira account, log in to your member website at Aetna.com and click the **Manage in Inspira** link. Then, create a profile and register your account using your JPMorganChase Standard ID (SID) and debit card number (if you have one).

Once registered, access your account anytime through single sign-on from **My Health** or when logged in at Aetna.com or InspiraFinancial.com.

### During Annual Enrollment, if you chose:

- **Auto Pay:** There's nothing more you need to do.
- **Debit card:** If you already have an Inspira debit card, continue to use it in 2027. If not, you'll receive a new card. Call the number on the card to activate it. Enter your card number and PIN, which is the last four digits of your SID.

## Set up your Teladoc Health account.

Create an account with your information and medical history so you'll have quicker access to a doctor or mental health provider — by phone or video — when you need care.

To register, go to TeladocHealth.com/aetna, call 1-855-835-2362 or download the **Teladoc Health app**.

To schedule an appointment with Teladoc Virtual Primary Care, visit Aet.na/VPCSignUp.

# Understanding the EOB

After you use your plan, you'll receive an Explanation of Benefits (EOB).

An EOB is a document that shows details of your recent claims, including a full view of charges and health plan payments. EOBs are typically sent monthly.

Look at your EOB carefully to make sure it's correct. If you owe anything, you'll receive a bill from your healthcare provider(s).

## Your EOB will show:

The **amount you saved** by using a network provider

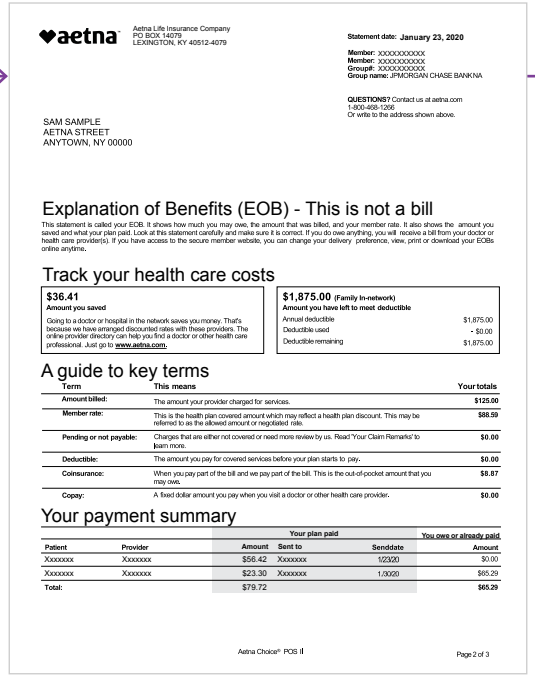
**A summary of your deductible** and out-of-pocket maximum balance for the plan year

**Definitions** of commonly used terms

**Detailed information** about any payments made for the claims on the EOB

**What you may owe** or have already paid

**Notes or details** about your claims



aetna

Aetna Life Insurance Company
PO BOX 14079
LEXINGTON, KY 40512-4079

**Statement date:** January 23, 2020

**Member:** XXXXXXXXXX
**Member:** XXXXXXXXXX
**GroupID:** XXXXXXXXX
**Group name:** JPMORGAN CHASE BANK NA

**QUESTIONS?** Contact us at aetna.com
1-800-468-1266
Or write to the address shown above.

SAM SAMPLE
AETNA STREET
ANYTOWN, NY 00000

Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows how much you may owe, the amount that was billed, and your member rate. It also shows the amount you saved and what your plan paid. Look at this statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s). If you have access to the secure member website, you can change your delivery preference, view, print or download your EOBs online anytime.

Track your health care costs

**$36.41**
**Amount you saved**
Going to a doctor or hospital in the network saves you money. That's because we have arranged discounted rates with these providers. The online provider directory can help you find a doctor or other health care professional. Just go to www.aetna.com.

**$1,875.00** (Family In-network)
**Amount you have left to meet deductible**

| | |
|---|---|
| Annual deductible | $1,875.00 |
| Deductible used | - $0.00 |
| Deductible remaining | $1,875.00 |

A guide to key terms

| Term | This means | Your totals |
|---|---|---|
| Amount billed: | The amount your provider charged for services. | $125.00 |
| Member rate: | This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate. | $88.59 |
| Pending or not payable: | Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more. | $0.00 |
| Deductible: | The amount you pay for covered services before your plan starts to pay. | $0.00 |
| Coinsurance: | When you pay part of the bill and we pay part of the bill. This is the out-of-pocket amount that you may owe. | $8.87 |
| Copay: | A fixed dollar amount you pay when you visit a doctor or other health care provider. | $0.00 |

Your payment summary

| | | Your plan paid | | | You owe or already paid |
|---|---|---|---|---|---|
| Patient | Provider | Amount | Sent to | Senddate | Amount |
| Xxxxxxx | Xxxxxxx | $56.42 | Xxxxxxx | 1/23/20 | $0.00 |
| Xxxxxxx | Xxxxxxx | $23.30 | Xxxxxxx | 1/30/20 | $65.29 |
| Total: | | $79.72 | | | $65.29 |

Aetna Choice® POS II

Page 2 of 3



### Access anytime

Register at **Aetna.com** to receive your EOBs electronically. Access them anytime on the website or **Aetna Health℠ app**.

# Important terms to know

Here are common health insurance terms you may see throughout this guide. Knowing what they mean can help you feel confident you're choosing the plan that's right for you.

### Claim

A request from a provider to be paid by a health plan for health services, such as an office visit.

### Coinsurance

The percentage of healthcare expenses you pay after you meet your deductible. Your health plan pays the rest.

### Copay

A fixed amount you pay for a covered healthcare service, usually when you receive the service. The amount can vary by the type of service.

### Covered

When a healthcare service is included in your plan benefits. Most services are subject to a copay or coinsurance. Some services are covered before you meet your deductible, while others are covered after you meet your deductible. Check your plan documents for these details.

### Deductible

The amount you pay out of pocket each year for certain covered services before your plan starts to pay. With a $1,400 deductible, for example, you pay the first $1,400 of certain covered services yourself. After paying your deductible, you contribute a portion of the cost toward coinsurance for some covered services.

### Explanation of Benefits (EOB)

*See page 11.*

### Network

The providers and facilities that have a contract with your health plan. To search the network, log in at Aetna.com if you're already a member, or visit Aetna-JPMC.com.

### Out of network

A provider or facility that doesn't have a contract with your health plan. If you choose a doctor or other healthcare provider that's out of network, your plan may or may not pay some of that bill. Choosing an out-of-network doctor or facility will cost you more.

Although a provider may accept Aetna®, they may be out of network, so you should always check their status. To search the network, log in at Aetna.com if you're already a member, or visit Aetna-JPMC.com. You can also call your Aetna Concierge at 1-800-468-1266 (TTY: 711).

### Out-of-pocket maximum

The most you'll pay each year for covered medical expenses. Once you hit this maximum, you're no longer responsible for coinsurance or copays.



### Full glossary

For more health insurance definitions, visit Aetna.com/glossary.html.



# Enroll for benefits



## Find

your doctor in the **Aetna® network**.

## Get

answers to your questions. Call your Aetna Concierge at **1-800-468-1266 (TTY: 711)**.

## Enroll

during Annual Enrollment or if you have a qualifying life event.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a dentist, doctor or other healthcare professional.

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Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna plans.

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