

Let's connect

Get the most from your 2025 health benefits.



Included Health is your healthcare guide

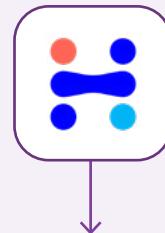
Included Health is available to JPMorganChase employees and covered dependents who live in Florida, Georgia, Louisiana and Oklahoma and are enrolled in the JPMC U.S. Medical Plan.

Employees and their covered dependents enrolled in the medical plan have expanded services through Included Health. This is an additional benefit that works in coordination with your Aetna® medical insurance so you can get the most out of your healthcare. You'll still have the same access to the Aetna covered services and providers, at the same cost.

Included Health will provide an improved healthcare experience through their concierge approach to help you:

- Understand your Aetna health insurance coverage and cost
- Find solutions to healthcare insurance problems, such as coordinating authorization for services, understanding medical bills and resolving billing errors
- Manage your health through care and disease management services for new and ongoing chronic conditions
- Find quality Aetna network providers, get treatment decision support and second medical opinions
- Get virtual primary care and urgent care services
- And much more!

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).



Activating your account is quick and easy.

1. Download the Included Health app or visit IncludedHealth.com/jpmc-aic.
2. Enter your personal information, including your personal email, name, date of birth and phone number.
3. Verify your medical coverage with JPMorganChase and select your location.
4. If you're a JPMorganChase employee, use your SID. If you're a covered dependent, use the last four digits of your SSN.
5. You now have access to all the benefits Included Health offers.

Have questions or need assistance activating your account?

Call the Included Health dedicated care team at [1-833-938-9874](tel:1-833-938-9874).



Know your network

At Aetna®, a CVS Health® company, we bring you a connected, convenient and affordable healthcare experience with a large national provider 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.

High-performing facilities

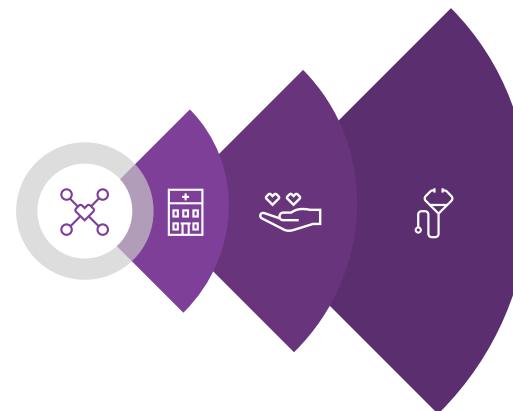
You'll also have access to a special network of healthcare facilities:

- **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

The Aetna® network is vast and growing.

See what it has to offer (as of July 2024).

6,000	hospitals
399,000	behavioral health providers
807,000	primary care doctors and specialists



Know your network



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

For questions or assistance, call the Included Health dedicated care team at **1-833-938-9874**.



Programs and services

Employee Assistance Program (EAP) powered by Spring Health

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

- Counseling with fast access to virtual and in-person appointments
- Coaching 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 and do not provide reimbursement for financial losses.

Family Building benefits

WINFertility nurses can help you select a high-quality provider, understand your treatment options, and provide clinical and emotional support along your family planning journey.

Family Building benefits have a \$35,000 (effective July 1, 2024) medical lifetime limit. Enrollment with WINFertility and completion of a nurse consultation are required to unlock this benefit level. Otherwise the medical lifetime limit is \$10,000.

To enroll with WINFertility, call **1-833-439-1517**, Monday through Friday, 9 AM to 9 PM ET.



Programs
and services



Ways to save and pay

Medical Reimbursement Account (MRA)

Your MRA is funded by JPMorganChase when you, as the JPMorganChase employee, participate in certain wellness activities. 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.

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 typing **go/myhealth** in your intranet browser, then select **My MRA Additional Wellness 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:

- **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 Financial™

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.

Ways to save
and pay



Medical plan options

This chart shows your JPMorganChase medical plan options for 2025 for active employees.



Know the basics

Learn the definitions of any unfamiliar terms with the [glossary on page 9](#).

2025 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		\$15, no deductible	
Specialist office visit				
• Less than \$100,000	• \$50, no deductible		• \$75, no deductible	
• \$100,000+	• \$75, no deductible		• \$100, no deductible	
Therapy (physical, speech, occupational)	\$25, no deductible	50% after deductible	\$35, no deductible	50% after deductible
Basic labs	\$20, no deductible		\$35, no deductible	
Urgent care				
• Less than \$100,000	• \$50, no deductible		• \$75, no deductible	
• \$100,000+	• \$75, no deductible		• \$100, no deductible	
Other medical costs (X-rays, hospitalization, etc.)	20% after deductible		20% after deductible	
Emergency care				
• Less than \$100,000	• \$300, no deductible		• \$600, no deductible	
• \$100,000+	• \$500, no deductible		• \$800, no deductible	
Annual deductible – employee / employee + spouse/domestic partner or child(ren) / employee + family				
TACC: less than \$100,000	\$250/\$400/\$700		\$850/\$1,600/\$2,300	
TACC: \$100,000+	\$750/\$1,400/\$1,800	\$2,750/\$4,125/\$5,500	\$1,750/\$2,800/\$4,000	\$4,750/\$7,125/\$9,500
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		\$2,800/\$4,700/\$6,600	
TACC: \$100,000+	\$2,000/\$3,400/\$5,100	\$8,750/\$12,125/\$17,500	\$4,000/\$5,900/\$8,400	\$10,750/\$15,125/\$21,500

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.

Medical plan options



Dental plan

During Annual Enrollment, the Aetna Dental® DMO® plan may be an option for you based on your home ZIP code. The DMO plan includes access to more than 107,400+* in-network providers. You don't need to have an Aetna® medical plan to enroll in the Aetna dental plan. But with the Aetna Dental/Medical Integration™ program, combining them can lead to better health.



*FOR 107,400+: As of August 2024.

*FOR INTEGRATED DENTAL CARE: Ongoing, statistically valid analysis of Aetna Dental/Medical Integration program customers. January 2023.



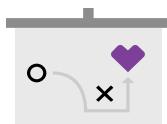
Easy-to-use coverage with the DMO plan

- Pick a primary care dentist (PCD) from the Aetna network. Covered family members can each choose their own PCD.
- See your PCD for regular exams and for referrals if you need specialty care.
- If you want, you can change your PCD once a month on your member website. Switch by the 15th day of the current month. The change will start the first day of the next month.

Find network dentists

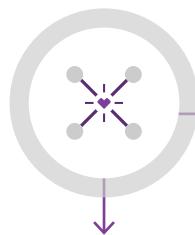
To see if your current dentist is in our network, visit Aetna-JPMC.com. Or log in at Aetna.com if you're already a member.

Dental plan



Spending accounts

Follow the steps below to get the most from your spending accounts.



Keep track of your MRA, HCSA and DCSA, all in one place.

If you enrolled in the medical plan option 1 or 2, you'll also be able to choose whether you want automatic claims payment or a debit card to pay claims from your MRA and HCSA.

- With the debit card, you have the flexibility to choose when you want to use your MRA and HCSA funds. You decide each time you get care or services whether you want to pay your portion of the expense using the debit card or using your personal funds.
- With automatic claims, Aetna® will pay your portion of eligible medical and prescription expenses using your MRA and/or HCSA funds.

It's easy to track, manage and pay claims online.



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 2025. 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.



Use the Inspira 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. You can also log in at InspiraFinancial.com or use the Inspira 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 in the form of coinsurance for some covered services.

Explanation of Benefits (EOB)

[See page 10.](#)

Network

The providers and facilities that have a contract with your health plan. To search the network, log in at [IncludedHealth.com/jpmc-aic](#).

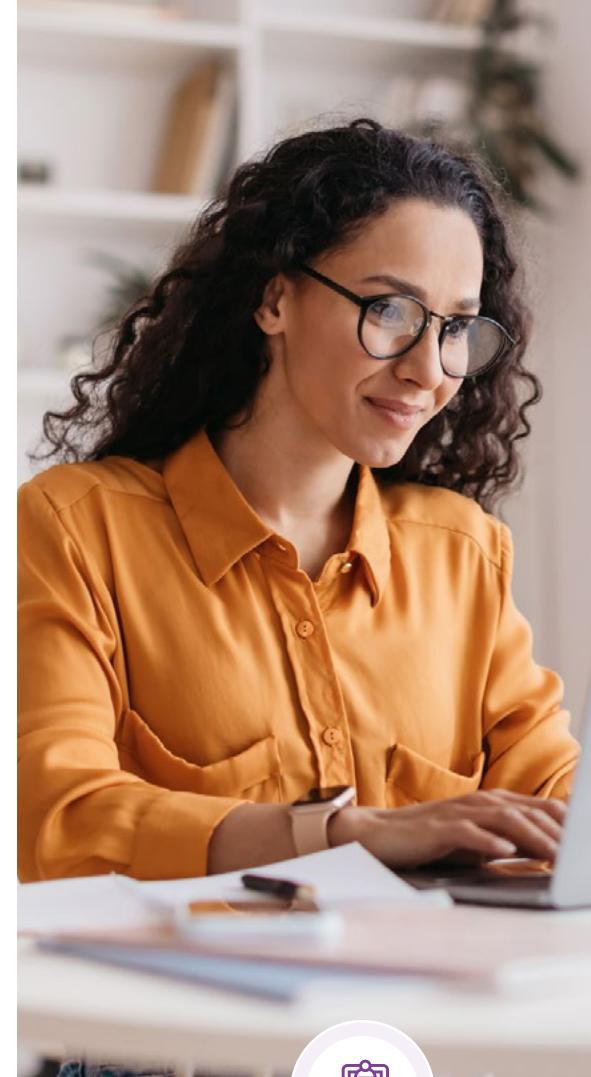
Out of network

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 [IncludedHealth.com/jpmc-aic](#) or call Included Health available 24/7 at [1-833-938-9874](#).

Out-of-pocket maximum

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



Full glossary

For more health insurance definitions, visit [Aetna.com/glossary.html](#).

Important
terms to know



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).

If you have questions about your medical benefits or claims, please contact Included Health available 24/7 at **1-833-938-9874** or visit IncludedHealth.com/jpmc-aic.

→ 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 shown on the EOB

What you may owe or have already paid

Notes or details about your claims

Statement date: January 23, 2020

Member: XXXXXXXXXX

Group: XXXXXXXXXX

Group name: JPMORGAN CHASE BANK NA

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

Track your health care costs

Amount billed	Amount you saved
\$36.41	\$1,875.00 (dental in-network)
	Amount you have left to meet deductible
	\$1,875.00
	- \$0.00
	\$1,875.00

A guide to key terms

Term	The means	Your totals
Amount billed:	The amount your provider charged for services.	\$129.00
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.	\$69.00
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
Convenience:	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

Patient	Provider	Amount	Sent to	Sent date	You owe or already paid
Xxxxxxx	Xxxxxxx	\$56.42	Xxxxxxx	1/22/20	\$0.00
Xxxxxxx	Xxxxxxx	\$23.30	Xxxxxxx	1/22/20	\$65.29
Total:		\$79.72			\$65.29

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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.

Understanding the EOB