



EFFECTIVE
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Highlights of the 2017 JPMorgan Chase U.S. Benefits Program

JPMORGAN CHASE & CO.

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About the JPMorgan Chase U.S. Benefits Program

JPMorgan Chase is committed to providing a comprehensive set of benefits choices to meet different employee needs and lifestyles. In return, we ask our employees to take an active role in designing a personal strategy to help meet their short-term and long-term “health care and insurance” and “retirement savings” objectives. This brochure provides an overview of the JPMorgan Chase U.S. Benefits Program. For more detailed information about the benefits described here, please refer to the Summary Plan Descriptions – **Your Guide to Benefits at JPMorgan Chase** – available on me@jpmc > Benefits & Rewards.

JPMorgan Chase is committed to your wellness, which is why we offer a Wellness Program to help you and your family get healthy and stay healthy. Because wellness is so much a part of our culture, we’ve integrated it with our Medical Plan. Your Wellness Program will be administered by your health care company and will provide access to programs such as health coaching, condition management and maternity support. You’ll also have access to onsite support from JPMorgan Chase to help you get the health care you need when you’re at work to supplement the direction you receive from your doctor. Learn more about the Wellness Program in this brochure and on **My Health**.

For the definitions used in the tables on the following pages and throughout this brochure, please see the back cover.

Making Changes During the Year

Generally, your Health Care and Insurance Plan benefits elections remain in effect throughout the calendar year, and you’re not allowed to make changes to your elections until the next annual enrollment period – unless you experience a qualified change in status.

If you experience a qualified status change (such as marriage, divorce, the birth or adoption of a child, or change in work status), you must make any eligible Health Care and Insurance Plan benefits changes within 31 days of the qualifying event.

If you miss the 31-day deadline, coverage for certain benefits (i.e., medical, dental, vision and the Health Care Spending Account) will be effective as of the date you call the accessHR Contact Center, and you may be required to pay for your coverage on an after-tax basis for the period prior to the date you first call the accessHR Contact Center in order to have retroactive coverage. Otherwise, you will not be able to make the change in coverage until an annual benefits enrollment period.

About Eligibility

The JPMorgan Chase U.S. Benefits Program described in this brochure is generally available in whole or in part to most employees on a U.S. payroll who are:

- Paid salary/regular pay, draw, commissions or production overrides;
- Employed by JPMorgan Chase & Co. or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase U.S. Benefits Program; and
- Regularly scheduled to work 20 or more hours per week.
- On a U.S. payroll of your employer and are subject to FICA taxes.

You are considered a full-time, U.S. benefits-eligible employee if you meet the criteria above and are regularly scheduled to work 40 hours per week.

You are considered a part-time, U.S. benefits-eligible employee if you meet the criteria above and are regularly scheduled to work at least 20 but less than 40 hours per week.

Have You Worked...

...for JPMorgan Chase or any of its predecessor organizations in the past? If yes, then your prior service may count toward your eligibility and vesting for certain JPMorgan Chase benefits plans. For more specific information, please see page 39.

The JPMorgan Chase U.S. Benefits Program is available to most employees on a U.S. payroll who are regularly scheduled to work 20 hours or more a week and who are employed by JPMorgan Chase & Co. or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase U.S. Benefits Program. This information does not include all of the details contained in the applicable insurance contracts, plan documents, and trust agreements. If there is any discrepancy between this information and the governing documents, the governing documents will control. JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce, change, or terminate its benefits and plans at any time. The JPMorgan Chase U.S. Benefits Program does not create a contract or guarantee of employment between JPMorgan Chase and any individual. JPMorgan Chase or you may terminate the employment relationship at any time.

Health Care and Insurance Plans Benefits at a Glance

Benefit	Benefits Coverage Summary	When Participation Begins for New Hires*
Medical	<ul style="list-style-type: none"> • Two Consumer Driven Health Plan (CDHP) coverage options with a Medical Reimbursement Account (MRA) feature: <ul style="list-style-type: none"> – Option 1 (has higher payroll contributions but lower deductibles and coinsurance maximums) – Option 2 (has lower payroll contributions but higher deductibles and coinsurance maximums) – Both options are offered by Cigna and UnitedHealthcare • The Medical Reimbursement Account (MRA) helps you pay your share of eligible out-of-pocket medical and prescription drug expenses. All employees who are enrolled in the plan can earn funding by participating in certain wellness activities. When your covered spouse/domestic partner completes certain wellness activities, you earn additional MRA funding. • No exclusions for pre-existing conditions • In-network preventive care covered at 100% • In-network primary care office visits are visits covered at 90% with no deductible • Virtual doctor visits are available to you for \$5 or less per virtual visit with no deductible • Out-of-network care covered at 50% • Prescription drug coverage (retail and mail-order) <ul style="list-style-type: none"> – Prescription drug coverage has a completely different plan design than the other Medical Plan features and is not subject to the same deductibles. – Eligible preventive generic drugs are covered at 100% with no deductibles or copayments. – If you fill a prescription for a brand-name medication when a generic equivalent is available, you will pay the difference in cost between the brand-name drug and generic drug, plus the generic copay. – Certain drugs are excluded from coverage. • Employee and dependent coverage • JPMorgan Chase and employee cost sharing • Employee contributions on a before-tax basis are generally determined based on: <ul style="list-style-type: none"> – Your level of Total Annual Cash Compensation (excluding overtime) – The Medical Plan option chosen – Your geographic location – Number and type of dependents you cover – Whether you and/or your covered spouse/domestic partner uses tobacco, and – Whether you and/or your covered spouse/domestic partner gets a biometric Wellness Screening and completes an online Wellness Assessment questionnaire (see page 17) • You will pay for medical coverage for each covered family member individually (i.e., employee, spouse/domestic partner and/or each child). 	<ul style="list-style-type: none"> • Full-time employees: First day of the month following your date of hire • Part-time employees: First day of the month following 60 days from your date of hire
Dental	<ul style="list-style-type: none"> • Three coverage options depending on your home zip code: <ul style="list-style-type: none"> – Preferred Dentist Program (PDP) Option – Dental Maintenance Organization (DMO) Option – Dental Health Maintenance Organization (DHMO) Option • Employee and dependent coverage • JPMorgan Chase and employee cost sharing • Employee contributions on a before-tax basis 	<ul style="list-style-type: none"> • See Medical
Vision	<ul style="list-style-type: none"> • Coverage for eligible vision expenses, such as eye exams, lenses (including contacts) and eyeglass frames • Employee and dependent coverage • You pay the full cost of coverage on a before-tax basis 	<ul style="list-style-type: none"> • See Medical
Spending Accounts <ul style="list-style-type: none"> – Health Care – Child/Elder Care – Transportation (Transit/Parking) 	<ul style="list-style-type: none"> • Health Care Spending Account – Contributions up to \$2,600 annually; up to \$500 in unused funds can carry over for use in the following plan year • Child/Elder Care Spending Account – Contributions generally up to \$5,000 annually • Transportation Spending Accounts – Contributions for work commuting expenses for transit and parking. For 2017, the monthly before-tax limits are \$255 for transit and \$255 for parking expenses. For more information, go to My Rewards. • You pay the full cost of coverage. 	<ul style="list-style-type: none"> • See Medical

*Indicates when participation begins if you enroll when first eligible. If you do not enroll when you are first eligible, your participation will not begin unless you enroll due to a qualified status change or during subsequent annual benefits enrollment periods. However, you are able to elect to participate at any time under the Transportation Spending Accounts and 401(k) Savings Plan.

Health Care and Insurance Plans Benefits at a Glance

(continued)

Benefit	Benefits Coverage Summary	When Participation Begins for New Hires*
Long-Term Disability (LTD)	<ul style="list-style-type: none"> • For employees earning less than \$60,000 in Total Annual Cash Compensation: <ul style="list-style-type: none"> – Company-provided coverage of 60% of your Total Annual Cash Compensation – Fully paid for by JPMorgan Chase • For employees whose Total Annual Cash Compensation is \$60,000 or more: <ul style="list-style-type: none"> – Replacement of 50% of Total Annual Cash Compensation; or – Replacement of 60% of Total Annual Cash Compensation – Maximum monthly LTD benefit of \$20,000 – Tobacco user rates apply – You pay the full cost of coverage on an after-tax basis • For employees whose Total Annual Cash Compensation is greater than \$400,000: <ul style="list-style-type: none"> – Ability to purchase additional LTD coverage under an Individual Disability Insurance (IDI) policy – IDI policy provides an additional maximum monthly LTD benefit of up to \$15,000 – Fully portable – Tobacco user rates apply – You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical
Basic Life Insurance	<ul style="list-style-type: none"> • Company-provided employee coverage equal to one times Total Annual Cash Compensation (rounded up to next \$1,000) to a maximum of \$100,000 • Additional features of the Basic Life Insurance Plan include: <ul style="list-style-type: none"> – SurvivorSupport® Financial Counseling Service – Identity (ID) Theft Assistance Program – Travel Assistance and Emergency Evacuation Services – Funeral Concierge Services • Fully paid for by JPMorgan Chase 	<ul style="list-style-type: none"> • See Medical
Business Travel Accident Insurance	<ul style="list-style-type: none"> • Company-provided employee coverage equal to six times annual base salary/regular pay (minimum of \$50,000 and maximum of \$3 million) • Fully paid for by JPMorgan Chase 	First day of work with JPMorgan Chase
Employee and Dependent Supplemental Term Life Insurance	<ul style="list-style-type: none"> • Employee coverage up to 10 times Total Annual Cash Compensation in \$10,000 increments, up to a maximum of \$3 million • Spouse/domestic partner coverage from \$10,000 to \$300,000 in \$10,000 increments • Child coverage equal to \$5,000, \$10,000, \$15,000 or \$20,000 per child • Employee and spouse/domestic partner tobacco user rates apply • You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical
Employee and Dependent Accidental Death and Dismemberment (AD&D) Insurance	<ul style="list-style-type: none"> • Employee coverage up to 10 times Eligible Compensation in \$10,000 increments, up to a maximum of \$3 million • Spouse/domestic partner coverage from \$10,000 to \$600,000 in \$10,000 increments • Child coverage from \$10,000 to \$100,000 in \$10,000 increments per child • You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical
Group Personal Excess Liability Insurance	<ul style="list-style-type: none"> • Provides additional liability coverage in excess of the limits carried on your personal insurance policies, such as homeowners or renters, automobile, watercraft • You choose from among three levels of coverage: <ul style="list-style-type: none"> – \$2 million – \$5 million – \$10 million • You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical
Group Legal Services	<ul style="list-style-type: none"> • Coverage for attorneys' fees for routine legal services related to personal and family legal issues • Employee and dependent coverage • You pay the full cost of coverage on an after-tax basis 	<ul style="list-style-type: none"> • See Medical

*Indicates when participation begins if you enroll when first eligible. If you do not enroll when you are first eligible, your participation will not begin unless you enroll due to a qualified status change or during subsequent annual benefits enrollment periods. However, you are able to elect to participate at any time under the Transportation Spending Accounts and 401(k) Savings Plan.

Retirement Savings Program Benefits at a Glance

Benefit	Benefits Coverage Summary	When Participation Begins for New Hires*
401(k) Savings	<ul style="list-style-type: none"> • Automatic enrollment for new hires at a before-tax per-pay rate of 3% of Ongoing Compensation, with a 1% annual automatic increase up to a total contribution rate of 5%. The per-pay contribution rate will apply to your Ongoing Compensation, which includes base salary/regular pay and any non-annual cash incentives you receive. Contributions will be invested in a Target Date Fund, based on your age and an assumed retirement date of 65. These elections will take effect if no action is taken within 31 days of hire/eligibility date • You can otherwise choose before-tax and/or Roth after-tax contributions up to 50% of Ongoing Compensation and/or Annual Incentive Compensation • The maximum IRS contribution limit for all 401(k) employee contributions is \$18,000 in 2017 (\$24,000 for individuals age 50 or older) • Matching contributions: <ul style="list-style-type: none"> – Dollar-for-dollar up to 5% of Eligible Compensation contributed to the plan for participants who have completed one year of total service and have Total Annual Cash Compensation of less than \$250,000 – Calculated and credited to a participant's account annually, following the end of each calendar year. Participants generally must be employed on December 31 of that year to be eligible to receive any matching contribution – 100% vested after three years of total service – Matching contributions are invested in the same manner as your own employee contributions • You can choose to invest in a Target Date Fund or among the Core Fund lineup • When you leave JPMorgan Chase, vested account balances are payable in the form of a single lump sum, rollover to an IRA or another qualified plan, or installment payments 	<ul style="list-style-type: none"> • Full-time employees: Eligible as of your first day of employment with JPMorgan Chase • Part-time employees: Eligible as of the first day of the month following the completion of 60 days of total service • Automatic enrollment: Employees will be automatically enrolled in the plan 31 days after their hire/eligibility date, with payroll deductions beginning shortly thereafter, unless they make other elections (e.g., to enroll sooner) or choose not to participate (i.e., "opt out") • Matching contributions: Participants become eligible for matching contributions on the first day of the month following the completion of one year of total service
Pension Plan	<ul style="list-style-type: none"> • Participation begins automatically after one year of total service • A notional account established in your name that grows with pay credits and interest credits • Monthly pay credits from 3% to 5% of Eligible Compensation depending on completed years of pay credit service • Eligible Compensation is limited to \$100,000 annually • Monthly interest credits • 100% vested after three years of total service • When you leave JPMorgan Chase, vested account balances are payable in the form of a single lump sum, a rollover to an IRA or another qualified plan, or a variety of annuity options • Fully paid for by JPMorgan Chase 	<p>Generally the first day of the month after completing one year of total service</p>
Employee Stock Purchase Plan	<ul style="list-style-type: none"> • Purchase JPMorgan Chase common stock quarterly at a 5% discount • Contributions (including reinvested dividends) are subject to a legal annual maximum share purchase of \$25,000 divided by the fair market value of JPMorgan Chase common stock on the first trading day of the year • Dividends can be automatically reinvested in the plan with a 5% discount • No brokerage or commission fees on shares purchased • Employee salary contributions on an after-tax basis up to 20% of Eligible Compensation • Employees with Total Annual Cash Compensation of \$250,000 or more are not eligible to participate 	<ul style="list-style-type: none"> • Must be hired on or before September 30 to participate in the following calendar year • Election to participate only during an annual benefits enrollment period

Designating Beneficiaries

You may designate beneficiaries for the Life and Accident Insurance Plans, as well as the Pension and 401(k) Savings Plans, through the Online Beneficiary Designations site. This website, which is open to all employees eligible for the JPMorgan Chase U.S. Benefits Program, allows you to designate beneficiaries electronically. Beneficiary designations made on this site can be reviewed and updated as needed, for instance, in the event of a status change (divorce, marriage or the birth/adoption of a child).

To access the site:

- From work: [me@jpmc](#) > Benefits & Rewards > View or Update Beneficiaries
- From home: [beneficiary.jpmorganchase.com](#)

Wellness Program Benefits at a Glance

Wellness Program

Nothing is more important than the health of you and your family. That's why JPMorgan Chase offers a Wellness Program for you and your enrolled spouse/domestic partner. Our Wellness Program provides resources and services that can help you take charge of your health and make informed health care decisions for you and your family, including online and telephonic resources, as well as onsite support through our Health & Wellness Centers.

Wellness is a core part of our culture at JPMorgan Chase. That's why we've integrated it with our Medical Plan. The Wellness Program is offered through your health care company (Cigna or UnitedHealthcare) and provides you access to health coaches, condition management programs, a 24/7 nurseline and more. **Please note:** If you're not enrolled in a JPMorgan Chase Medical Plan, your Wellness Program will be administered by Cigna.

You can learn more about the Wellness Program and onsite support locations through **My Health**.

Earn Wellness Rewards!

You can earn Wellness Rewards whether or not you enroll in the JPMorgan Chase Medical Plan. If you enroll in the Medical Plan, your Wellness Rewards will be added to your Medical Reimbursement Account (MRA). And, when your covered spouse/domestic partner takes part in certain wellness activities, you can build your MRA even more! If you're not enrolled in the Medical Plan, your Wellness Rewards will be reflected in your pay after activities are completed.

Program	Description
<i>Complete These Activities and Earn Wellness Rewards</i>	
Biometric Wellness Screening	<ul style="list-style-type: none"> Provides overall key indicators of your health and takes about 30 minutes to complete. Screenings provide your blood pressure, blood sugar, cholesterol, triglycerides and body mass index (BMI) numbers. JPMorgan Chase periodically offers free, onsite Wellness Screenings at major locations, as well as at JPMorgan Chase onsite Health & Wellness Centers. Or you can get one free through the JPMorgan Chase Medical Plan when you go to an in-network doctor for a physical exam, at a participating local lab (Quest or LabCorp), or at a CVS, Duane Reade or Walgreens in-store clinic; see page 17 for more information.
Online Wellness Assessment Questionnaire	<ul style="list-style-type: none"> A simple health and lifestyle questionnaire that takes about 15 minutes to complete. After you complete the online Wellness Assessment, you'll see a summary of what you're doing well and opportunities to improve. When you finish taking the online Wellness Assessment, be sure to print the completion page to keep for your records. Keep in mind that when you enter your Wellness Screening numbers in your Wellness Assessment, you can get a summary that's better targeted to you. Find the Wellness Assessment on your health care company's website through My Health.
Health Coaching, Personal Action Call, Condition Management, Maternity Support and Online Programs	<ul style="list-style-type: none"> Health coaches can help you set goals to address certain potential health risks – such as creating an exercise program, developing a healthy eating plan, or building a plan to lower your blood pressure or cholesterol. You can discuss the results of your Wellness Screening and Assessment and create a plan during your Personal Action Call. Your health care company will also help you manage a health condition, such as asthma, coronary artery disease, congestive heart failure, COPD or diabetes. Nurses (available through your health care company) can be accessed 24 hours a day, seven days a week to answer your health questions and give advice. Enrollment in the Maternity Support Program must be during your first trimester or within 31 days of your benefits effective date (and before the child's birth). Two Online Learning Programs are available: Choosing Care Wisely and Planning Your Finances Wisely. More information available on My Health > My Medical Reimbursement Account.

Wellness Program Benefits at a Glance

(continued)

Program	Description
Physical Activity Events	<ul style="list-style-type: none"> Participate in local community physical activity events through Good Works, or participate in a JPMorgan Corporate Challenge®.
<i>Take Advantage of These Programs (Not Eligible for Wellness Rewards)</i>	
Health Advocate	<ul style="list-style-type: none"> This independent health advocacy company can help you find solutions to your health care or insurance-related issues, such as: <ul style="list-style-type: none"> Locating and researching treatments for a medical condition Resolution of any benefits claims issues Scheduling appointments with hard-to-reach specialists Answering questions on health care reform, and more
Employee Assistance and Work-Life Program	<ul style="list-style-type: none"> The Employee Assistance and Work-Life Program (EAP) is a professional counseling, consultation and referral service available to help our employees and their family members find solutions to the many challenges faced in managing work and personal lives. The program includes referrals for professional, confidential and free counseling; assistance with adoption services; adult and elder professional care management; parenting resources and information; financial and legal counseling; relocation resources; pet care; and more. EAP services are free, confidential and available 24 hours a day, seven days a week.

Take Advantage of JPMorgan Chase Onsite Health & Wellness Centers

At the onsite JPMorgan Chase Health & Wellness Centers, you have access to basic medical services and educational resources – at no cost to you. The centers provide medical care, treatment and resources when you need them at work to supplement the care and direction you get from your own doctor. Onsite nurses are available to act as advisors and help you connect with your health care company's coaching programs. Doctors are also available at many locations to provide onsite care when you need it. **Please note:** Some Health & Wellness Centers offer additional services that may result in a cost, such as bloodwork ordered by your primary care physician that is sent to a lab for processing, physician specialists and physical therapists who are offering services onsite for your convenience. For these services, a claim will be submitted to your insurance company, and costs will be covered according to your Medical Plan. While the JPMorgan Chase Health & Wellness Centers are staffed with nurses who are employed by the firm, as medical professionals, they cannot disclose your personal information to anyone outside the centers without your written permission.

Access All Your Health Information in One Place

My Health is your centralized online resource where you and your family can go to educate yourselves about the Medical Plan, research doctors, get health news, link to your health care company, and more.

You can access the site from work or home. And the Single Sign-On feature gets you around without the need to re-enter passwords. Here's how you can get there:

- From work: **My Health** via me@jpmc
- From home: myhealth.jpmorganchase.com
(also available for your covered spouse/domestic partner)

Choose Healthy Dining Alternatives

JPMorgan Chase cafeterias have special labels so you can choose healthy dining alternatives. Go to **My Health > Learning Center > Staying Healthy** for more tips.

New Employee Action Checklist for the Health Care and Insurance Plans

If you are a new employee, this brochure provides information and tools to help you make your Health Care and Insurance Plan elections as a new employee. This checklist outlines the actions to take to enroll for your benefits.

Important Enrollment Information to Know

- **Enrollment Deadline.** The enrollment deadline and plan effective date for most of the Health Care and Insurance Plans are based on your status as a full-time or part-time employee as follows:

If You Are a...	When Participation Begins...	Enrollment Deadline...
Full-time employee (regularly scheduled to work 40 hours per week)	You are eligible to participate in the plans on the first day of the month following your date of hire.	You have 31 days from your date of hire to make your enrollment elections. Coverage is effective as of your eligibility date.
Part-time employee (regularly scheduled to work at least 20 hours but less than 40 hours per week)	You are eligible to participate in the plans on the first day of the month following 60 days from your date of hire.	You have 31 days prior to your eligibility date to make your enrollment elections. Coverage is effective as of your eligibility date.

If you don't enroll, you won't be able to enroll until the next annual benefits enrollment period, and you will be assigned No Coverage, except for Company-provided benefits, such as life insurance.

Please note: If you enroll before the end of your 31-day new hire enrollment period via the Benefits Web Center and would like to change your coverage election once you have confirmed your elections, you must call the accessHR Contact Center and speak with a Service Representative – as long as you are still within your 31-day enrollment deadline.

- **Enroll Online.** You can access additional enrollment information and/or make your election via the Benefits Web Center on **My Health**:
 - From work: **My Health** via **me@jpmc**
 - From home: **myhealth.jpmorganchase.com**

When accessing the Benefits Web Center from **My Health**, you will be prompted for your Standard ID and a password.

- **Ask questions or enroll through the accessHR Contact Center.** If you have questions about your benefits coverage or the enrollment process, or if you don't have Internet access from work or home, call the accessHR Contact Center at 1-877-JPMChase (1-877-576-2427) or 1-212-552-5100 if calling from outside the United States. You will be prompted to enter your Standard ID. Your default PIN is your date of birth in MM/DD/YY format, using two numbers for each.

Quick Path:

- Enter your Standard ID or Social Security number, and press 1.
- Enter your PIN, and press 1.

Steps to Take to Make Your Health and Insurance Plan Elections

Action	Steps
Review...	<ul style="list-style-type: none"> The Health Care and Insurance Plan benefits options available to you and costs for coverage online via the Benefits Web Center on My Health. The dependent eligibility rules on My Health. You must make any election changes before the end of your 31-day new hire benefits enrollment period or within 31 days of a qualified status change (e.g., birth or adoption of a child, gain or loss of other coverage). You will also be asked to provide supporting documentation for any dependents who are covered under your plans. Details about how the Medical Plan works by reviewing this brochure and accessing a Medical Plan Overview and Tip Sheets on My Health. Details about how your benefits options work, which are described in the Summary Plan Descriptions (Your Guide to Benefits at JPMorgan Chase) are accessible via me@jpmc > Benefits & Rewards > Your Guide to Benefits (SPDs) or My Health > My Resources > Benefit Plan Details. If you and/or your covered spouse/domestic partner are tobacco users, get details about how you can quit a tobacco habit and get help creating an easy-to-follow plan, as well as information on how you can pay lower, non-tobacco user rates for the Medical Plan, the Supplemental Term Life Insurance Plan and the Long-Term Disability Plan.
Compare...	<ul style="list-style-type: none"> Your Medical Plan, Dental Plan and Vision Plan options through the Health Plan Comparison Charts by going to My Health and accessing the Benefits Web Center. From there, click “Compare medical details,” “Compare dental plan details” and “Compare vision plan details” in the enrollment process. You should also compare your options with any other plans – such as through your spouse’s/domestic partner’s employer or other options available to your child(ren). The doctors, dentists, hospitals and other health care providers who participate in the Medical Plan, Dental Plan and Vision Plan options available to you by going to My Health and accessing the Benefits Web Center. You can also access each health care company’s website through My Health.
Plan...	<ul style="list-style-type: none"> How you will build your 2017 Medical Reimbursement Account (MRA) by reviewing the Initial and Additional Wellness Activities in which you want to participate in 2017. You have the opportunity to earn up to \$1,000 in funds for your 2017 MRA, as well as up to \$400 in funds for your 2017 MRA when your covered spouse/ domestic partner completes wellness activities – all of which you can use to pay for eligible out-of-pocket medical and prescription drug expenses in 2017. See the 2017 MRA Action Plan on pages 17 and 18.
Determine...	<ul style="list-style-type: none"> How much you want to contribute with before-tax dollars to the Health Care and/or Child/Elder Care Spending Accounts by going to My Health and accessing the Benefits Web Center. From there, click “Consider a Spending Account” to estimate your potential tax savings with a Health Care Spending Account. To estimate your Child/Elder Care Spending Account needs, click “Enroll in Your Benefits,” then “Child Elder Care Spending Account.” How much supplemental term life insurance and long-term disability (LTD) insurance is appropriate for your family by going to My Health and accessing the Benefits Web Center and using either the Life Insurance or LTD Estimator. Once you have decided on the coverage amount, click “Enroll in Your Benefits” to select the appropriate benefit.
Choose...	<ul style="list-style-type: none"> The benefits options that meet your and your family’s needs. Your primary care dentist if you are enrolling in the Dental Maintenance Organization (DMO)/Dental Health Maintenance Organization (DHMO) Option.
Enroll...	<ul style="list-style-type: none"> In most Health Care and Insurance Plan benefits online via My Health by accessing the Benefits Web Center. If you don’t have Internet access from work or home, please call the accessHR Contact Center and speak with a Service Representative to make your elections. In the Transportation Spending Accounts (Transit/Parking) at any time after your date of hire or on a monthly basis via the Transportation Spending Accounts Web Center on My Rewards.
Confirm...	<ul style="list-style-type: none"> Your choices to complete your enrollment on the Benefits Web Center. You’ll receive a confirmation email after you complete your enrollment.
Complete...	<ul style="list-style-type: none"> Your Beneficiary Designations online. Go to beneficiary.jpmorganchase.com.

Tools to Help You Compare Your JPMorgan Chase Medical Plan Options

Take a look at the resources JPMorgan Chase provides to help you make the right decision about your 2017 medical coverage, as well as compare your plan options with others that are available to you, such as your spouse's/domestic partner's plan:

Resource	What Is It?	How to Access
Medical Plan Overview	Provides a broad look at your JPMorgan Chase Medical Plan options.	My Health > 2017 Benefits Resources
Health Plan Comparison Charts	Provides a more-detailed comparison of your JPMorgan Chase Medical Plan options than the Medical Plan Overview.	Benefits Web Center via My Health . Click "Enroll now."
Summaries of Benefits and Coverage	Provided in a standard format, these summaries allow you to easily compare your JPMorgan Chase Medical Plan options with your spouse's/domestic partner's or child's Medical Plan options that may be available through another employer.	Benefits Web Center via My Health . Click "Enroll now," then the "Health Care & Insurance Plan" tab, then select "Plan Information" from the drop-down menu.
DecisionDirect™	After you answer a few simple questions about your health care needs and preferences, DecisionDirect will suggest a Medical Plan option for you. It will also let you know whether you should consider contributing to the HCSA and can help you decide whether to elect automatic claim payment or the debit card for your MRA and/or HCSA payments.	Benefits Web Center via My Health . Click "Enroll now."
Medical Expense Estimator	By using your past claims history or national estimates, you can project out-of-pocket expenses under each of the Medical Plan options for you and your covered dependents for 2017. You can choose your Medical Plan option by comparing your estimated total annual costs (payroll contributions plus out-of-pocket expenses) under each available option based on the services you and your family expect to use next year.	Benefits Web Center via My Health . Click "Enroll now."
Tip Sheets	Help you understand your Medical Plan so you can make the most of it at Annual Benefits Enrollment, as well as throughout the year. Covered topics include: <ul style="list-style-type: none"> • Choosing Your Medical Plan Option and Health Care Company • Understanding Your Prescription Drug Coverage • Helping You Choose: Automatic Claim Payment vs. Debit Card • Get on the Road to Good Health Initial Wellness Activities Checklist • What You Need to Know and Do for Out-of-Network Care • Pregnant? Some Things to Consider About Your Medical Plan Coverage • And more 	My Health . Click "Tip Sheets" under 2017 Benefits Resources.
MRA Value Estimator	With the MRA Value Estimator, you can see how much money you can get for completing certain wellness activities in 2017. This way, you can see up front just how much money you'll have in your MRA to cover your eligible out-of-pocket medical and prescription drug costs in 2017.	Benefits Web Center via My Health . Click "Enroll now."
Health Care Spending Account Estimator	This tool helps you plan how much to put into your HCSA so you can avoid contributing too much or too little. This way, you can maximize your tax savings while avoiding the loss of unused amounts at year-end (i.e., amounts larger than \$500).	Benefits Web Center via My Health . Click "Enroll now."

The Health Care and Insurance Plans

Maintaining good health and protecting your income in case you're unable to work are important priorities in your life. That's why JPMorgan Chase offers a variety of options under our Health Care and Insurance Plans – such as the Medical, Dental, Vision, Spending Accounts, Long-Term Disability, Life and Accident Insurance, Group Personal Excess Liability and Group Legal Services Plans – to provide you with the opportunity to select health care and insurance benefits that best suit your needs and those of your eligible dependents.

Medical Plan

JPMorgan Chase offers a type of Medical Plan known as a “Consumer Driven Health Plan,” or CDHP. This plan consists of two Medical Plan options: Option 1 and Option 2. Both options are offered through Cigna and UnitedHealthcare, and both cover the same medically necessary services and supplies. When you choose to enroll in either option, you are automatically enrolled in prescription drug coverage administered by CVS Caremark. The key differences between these options are:

- Option 1 has higher payroll contributions but lower deductibles and coinsurance maximums.
- Option 2 has lower payroll contributions but higher deductibles and coinsurance maximums.

In-network preventive care services are fully covered (there is no annual deductible or coinsurance, subject to age and frequency guidelines). A brief overview of the Medical Plan provisions can be seen on the following page.

In addition to providing coverage for your medical expenses, the Medical Plan includes wellness features that help you get and stay healthy by offering tools, resources and financial incentives to help you improve your health and become an informed consumer of medical care.

How the Plan Works

Plan benefits are offered through a network of participating health care providers (for example, doctors, hospitals, labs and outpatient facilities). While the most cost-effective care will always be available through in-network providers, you can choose to go in- or out-of-network each time you need care.

You generally must meet an annual deductible – a set amount that you pay out of pocket – before the plan shares in the costs for care. You should note there are separate deductibles for in-network and out-of-network care.

Here are some other important differences in cost:

- **If you choose to go in-network:** Preventive care, including physical exams and recommended preventive screenings, is covered at 100% with no deductible, coinsurance or copayments. In-network primary care office visits are covered at 90% with no deductible. (Primary care includes family practitioners, internists,* pediatricians, OB/GYNs and convenience care clinics.) Virtual doctor visits are also available to you for \$5 or less per virtual visit with no deductible.
- **If you choose to go out-of-network:** Out-of-network charges do not apply toward the in-network annual deductible or coinsurance maximum. The same applies with in-network charges – they do not apply toward the out-of-network deductible or coinsurance maximum.

*Internists must be contracted with Cigna or UnitedHealthcare as a primary care physician (PCP). Go to the Cigna or the UnitedHealthcare website through **My Health** to search for PCPs/primary care.

Committed to Your Health

Our Medical Plan is built on the principle of a shared commitment to health. JPMorgan Chase demonstrates its commitment by providing valuable benefits, programs and access to a suite of tools and resources. These are all designed to help you get and pay for the treatment you need, manage your health care expenses and, most importantly, take care of yourself.

Your commitment is required, too. Your role is to take responsibility for the controllable aspects of your health care and health care spending. You can do this by getting preventive care, maintaining a proper diet and exercise regimen, carefully selecting your doctors and hospitals, as well as understanding your treatment alternatives and their costs. Go to **My Health** to research quality ratings of medical providers, connect to your health care company, find out about ways to lower your prescription drug costs, and more.

In addition, when you take the right steps, such as participating in Wellness Programs, you get funds from JPMorgan Chase added to your MRA to help pay your eligible out-of-pocket medical and prescription drug expenses (deductibles, coinsurance and copayments) – tax-free.



For other services, the plan pays a percentage (generally 80% in-network and 50% out-of-network) of the cost once you meet the annual deductible. Your share – called coinsurance, which is the amount you and the plan share for certain expenses – after the deductible is typically 20% of the cost of in-network care and 50% of the cost for out-of-network care.

The plan’s coinsurance maximum – your financial “safety net” – limits the amount you are required to pay in coinsurance each year. There are separate coinsurance maximums for in-network and out-of-network charges. Prescription drug coverage is subject to an entirely separate plan design and is managed by CVS Caremark (see page 14 for coverage details).

Both plan options come with a Medical Reimbursement Account (MRA) – which will be funded by JPMorgan Chase when you complete certain wellness activities (see pages 17 and 18) – that you can use to help pay for eligible out-of-pocket medical and prescription drug expenses, such as deductibles and coinsurance. See page 16 for more information on the MRA.

Our Health Care Companies

JPMorgan Chase partners with Cigna and UnitedHealthcare to administer our Medical Plan. You can choose to have one of these health care companies administer your Medical Plan, regardless of whether you choose Option 1 or Option 2. Both are large, established companies that offer broad nationwide provider networks. They also offer strong, well-established clinical programs and provide tools and resources to help you research and understand your health treatment alternatives.

Important Note About Providers Leaving Networks

When considering your options under the Medical Plan, remember that if your doctor leaves a network, it does not qualify as an event that allows you to change coverage during the year. You may want to check with your provider to ensure that he or she plans to continue to participate in the network of the health care company you decide to choose.

Coverage Levels	Option 1		Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE				
Employee*	\$1,750	\$2,750	\$2,750	\$4,750
Employee + Spouse/Domestic Partner or Child(ren)	\$2,625	\$4,125	\$4,125	\$7,125
Employee + Spouse/Domestic Partner + Child(ren)	\$3,500	\$5,500	\$5,500	\$9,500
ANNUAL COINSURANCE MAXIMUM (DOES NOT INCLUDE DEDUCTIBLE)				
Total Annual Cash Compensation: < \$60,000				
Employee*	\$1,000	\$6,000	\$2,750	\$6,000
Employee + Spouse/Domestic Partner or Child(ren)	\$1,500	\$8,000	\$4,125	\$8,000
Employee + Spouse/Domestic Partner + Child(ren)	\$2,000	\$12,000	\$5,500	\$12,000
Total Annual Cash Compensation: \$60,000 - \$149,999				
Employee*	\$1,500	\$6,000	\$3,050	\$6,000
Employee + Spouse/Domestic Partner or Child(ren)	\$2,250	\$8,000	\$4,575	\$8,000
Employee + Spouse/Domestic Partner + Child(ren)	\$3,000	\$12,000	\$6,100	\$12,000
Total Annual Cash Compensation: \$150,000+				
Employee*	\$2,250	\$6,000	\$3,050	\$6,000
Employee + Spouse/Domestic Partner or Child(ren)	\$3,375	\$8,000	\$4,575	\$8,000
Employee + Spouse/Domestic Partner + Child(ren)	\$4,500	\$12,000	\$6,100	\$12,000

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

Medical Benefit Provisions	Coverage for Option 1 and Option 2	
	In-Network	Out-of-Network*
Preventive Care (age- and gender-appropriate exams such as physicals, cervical and prostate cancer screenings, mammograms or colonoscopies)	100% before deductible	50% after deductible
Primary Care Office Visit (family practitioner, internist,** pediatrician, OB/GYN or convenience care clinic)	90% before deductible	50% after deductible
Virtual Office Visit	90% before deductible (less than \$5 per visit)	Not covered
Specialist Office Visit	80% after deductible	50% after deductible
Other Medical Costs (hospitalizations, labs, etc.)	80% after deductible	50% after deductible
Emergency Care (true emergency)	80% after in-network deductible is met	80% after <i>in-network</i> deductible is met
Emergency Care (not a true emergency)	50% after in-network deductible is met	50% after <i>out-of-network</i> deductible is met

*Percentages do not include amounts above reasonable and customary (R&C) limits that you may owe. R&C is the amount health care companies have determined is a normal range of payment for a specific health-related service or medical procedure within a given geographic area. Amounts owed above R&C, if any, are fully payable by you.

Internists must be contracted with Cigna or UnitedHealthcare as a primary care physician (PCP). Go to Cigna's or UnitedHealthcare's website through **My Health to search for PCPs/primary care.

Please note: This chart presents an overview of plan design features – for more detailed information, please contact your health care company or use the Health Plan Comparison Charts on the Benefits Web Center, which you can access through **My Health**. With the Health Plan Comparison Charts, you can easily compare specific features (e.g., costs, deductibles, coinsurance) of the two Medical Plan options.



Note: You must contact a coach/nurse at your health care company (Cigna or UnitedHealthcare) before you receive infertility services or have bariatric surgery to be eligible for benefits under the Medical Plan. Contact your health care company for details.

Prescription Drug Coverage

Your prescription drug coverage is part of the Medical Plan and is administered by CVS Caremark. Though it is part of the Medical Plan, it has a different plan design, with separate deductibles and a separate safety net for covered prescriptions in the form of per-prescription maximums and annual out-of-pocket maximums. You will receive two separate ID cards (one for medical services from your health care company and one for your JPMorgan Chase prescription drug coverage from CVS Caremark). This coverage gives you the option of having prescriptions filled through a convenient mail-order program or at a pharmacy.

Important Note

Your prescription drug plan uses CVS Caremark's standard drug lists (Specialty and Non-Specialty) of covered and excluded drugs. These lists are subject to change by CVS Caremark and can be viewed at any time on the CVS Caremark website at www.caremark.com. An independent committee made up of pharmacists, physicians and medical ethicists reviews and approves these drug lists (also known as a Formulary).

To access these drug lists, visit www.caremark.com or log on to **My Health** and click "Prescription Drugs."

Important: If you choose to take a non-covered drug, you will pay the full cost of the drug.

DON'T FORGET: You can use your Medical Reimbursement Account (MRA) to help pay for prescription drug deductibles, copayments and coinsurance.

Please Note: Your Prescription Drug Benefit may have special programs associated with specific drug therapies. Some medications require prior authorization, have quantity limits associated with them or are excluded from coverage.

	CVS Caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)	Maintenance Choice CVS Caremark Mail Service Pharmacy or CVS/pharmacy For long-term medications (Up to a 90-day supply)
Generic Medications	<ul style="list-style-type: none"> \$10 for a generic prescription drug (no deductible) \$0 for a preventive generic prescription drug 	<ul style="list-style-type: none"> \$20 for a generic prescription drug (no deductible) \$0 for a preventive generic prescription drug
Mandatory Generic Program Generic drugs substituted for brand-name drugs with a direct generic equivalent	<ul style="list-style-type: none"> If either you or your doctor chooses a brand-name medicine when a direct generic equivalent is available, you will pay the difference in cost between the brand-name and the generic medicine plus the generic copay. Please note: These cost differences will not be limited by per-prescription maximums or annual out-of-pocket maximum limits. 	
Preferred Brand-Name Medications	<ul style="list-style-type: none"> 30% (up to a \$100 maximum) for a preferred brand-name prescription drug 	<ul style="list-style-type: none"> 30% (up to a \$250 maximum) for a preferred brand-name prescription drug
Non-Preferred Brand-Name Medications	<ul style="list-style-type: none"> 45% (up to a \$150 maximum) for a non-preferred brand-name prescription drug 	<ul style="list-style-type: none"> 45% (up to a \$375 maximum) for a non-preferred brand-name prescription drug
Refill Limit for Long-term Medications*	<ul style="list-style-type: none"> One initial fill plus one refill for long-term medications at any retail pharmacy; all subsequent fills must be obtained by mail-order or at a CVS/pharmacy. 	<ul style="list-style-type: none"> None
Annual Deductible (Does not apply to generic medications)	<ul style="list-style-type: none"> \$100** Employee; \$200 Employee + Spouse/Domestic Partner; \$200 Employee + Child(ren); \$300 Employee + Spouse/Domestic Partner + Child(ren) Deductible applies to brand fills of up to 30-day supply. 	<ul style="list-style-type: none"> None
Annual Out-of-Pocket Maximum	<ul style="list-style-type: none"> \$950** Employee; \$1,400 Employee + Spouse/Domestic Partner; \$1,400 Employee + Child(ren); \$1,800 Employee + Spouse/Domestic Partner + Child(ren) (includes copayment and coinsurance for covered drugs; does not include retail deductible) 	
CVS Caremark Excluded Drugs (Specialty and Non-Specialty)	<ul style="list-style-type: none"> Not covered; you will pay the full cost of these drugs. Your physician and/or pharmacist can contact CVS Caremark to seek medical-exception approval for specific clinical reasons. 	
Non-Sedating Antihistamines (also known as NSAs)	<ul style="list-style-type: none"> Not covered; you will pay the full cost of these drugs. 	
Pharmacy Advisor	<ul style="list-style-type: none"> When you pick up your prescription at a CVS pharmacy, the pharmacist will automatically offer to provide voluntary onsite counseling. 	

*You may opt out of Maintenance Choice by calling Customer Care toll-free at 1-866-209-6093 and continue to receive your medications in either a 30- or 90-day supply at a participating retail pharmacy; however, generally you will pay more.

**Also serves as per person deductible/out-of-pocket maximum.

Mandatory Generics

Generic drugs will be substituted for all brand-name prescription drugs with a direct generic equivalent. If you choose to fill your prescription with a brand-name drug when a generic alternative is available, you will pay the entire cost difference between the brand-name and generic drug plus the generic drug copay. **Please note: These cost differences will not be limited by per-prescription maximums or annual out-of-pocket maximum limits.** You can review cost differences by visiting the CVS Caremark website through **My Health**.

Fill Long-Term Prescription Drugs Through CVS Caremark's Mail-Order Program

One of the features of the plan is the discount available for long-term maintenance prescriptions purchased in bulk by CVS Caremark and fulfilled through the mail-order prescription service. This program, known as the CVS Caremark Maintenance Choice program, saves both you and JPMorgan Chase money.

If you are taking a long-term medication, this program allows you the flexibility to receive your 90-day supply by mail through CVS Caremark's mail-order prescription service or by picking up your 90-day supply at a CVS Caremark pharmacy. If you prefer not to participate in the CVS Caremark program, you may opt out of Maintenance Choice and obtain a 90-day supply (or a 30-day supply) at any participating network pharmacy. Please keep in mind that it may be more cost-effective for you to use the CVS Caremark Maintenance Choice program.



Free Preventive Generic Drugs

To encourage preventive care and the use of generic drugs, eligible preventive generic drugs are covered at 100% with no deductible or copayments. Preventive drugs are medications that can help prevent the onset of a condition when taken by a person who is at risk for or recovered from that condition; preventive drugs can also help you manage your health if you have a condition. Examples of preventive generic drugs include simvastatin, a generic for Zocor® to help lower cholesterol, and alendronate, generic for Fosamax® to help prevent osteoporosis. Additionally, in accordance with federal health care reform, women's generic prescription contraceptives are also fully covered at 100% with no deductible (as are brand-name contraceptive drugs for which a generic is not available), for example, Minastrin®FE, Natazia® and NuvaRing®. A list of drugs covered, as determined by CVS Caremark, can be viewed on CVS Caremark's website through **My Health**.

Pharmacy Advisor

This is a voluntary counseling program offered through CVS Caremark to help employees (and covered spouses/ domestic partners) with certain conditions, such as diabetes and heart disease, adhere to their prescription regimen, manage their medications and make sure their medications don't conflict with each other. When you pick up your prescription at a CVS pharmacy, the pharmacist will automatically offer to provide onsite counseling.

The Patient Protection and Affordable Care Act and You

The “individual mandate” provision of the Patient Protection and Affordable Care Act (ACA) requires that all U.S. citizens and legal residents (adults and children) have medical coverage or pay a penalty tax to the federal government. If you’re enrolled in a JPMorgan Chase Medical Plan, you will meet the ACA’s requirement for the period during which you have coverage through JPMorgan Chase.

The Medical Reimbursement Account (MRA)

A key feature of the Medical Plan is the Medical Reimbursement Account (MRA). JPMorgan Chase contributes money to your MRA to help you pay for eligible out-of-pocket medical and prescription drug expenses.

JPMorgan Chase wants to reward you for taking healthy action and leading a healthier lifestyle. That’s why we contribute money to your MRA when you complete certain wellness activities, including a Wellness Assessment and Wellness Screening. When you do, you’ll get a snapshot of important indicators of your health, as well as any potential risk factors you may have. This information can help you take steps to either keep up the good work or make changes so you can be the best you can be.

Understand How the Biometric Wellness Screening and Online Wellness Assessment Work

A biometric **Wellness Screening** provides overall key indicators of your health. Screenings give you your blood pressure, blood sugar, cholesterol, triglycerides and body mass index (BMI) numbers. And the **Wellness Assessment** is a simple, online health and lifestyle questionnaire that takes about 15 minutes to complete. Together, your Wellness Screening and Wellness Assessment results provide you with helpful information about what you’re doing well, recommendations for improving your health, and potential issues to discuss with your doctor.

Please note: If you were hired on or before October 1, 2016, you were able to earn \$200 in your 2017 Medical Reimbursement Account (MRA) and save \$500 in medical payroll contributions in 2017 if you completed both a biometric Wellness Screening and an online Wellness Assessment questionnaire during 2016. And you were able to earn an additional \$100 in your 2017 MRA and save an additional \$500 in 2017 medical payroll contributions if your covered spouse/domestic partner also completed both these activities during 2016.

If you were hired after October 1, 2016, you and your covered spouse/domestic partner have from your coverage effective date until December 31, 2017, to complete a Wellness Screening and Wellness Assessment to earn 2017 MRA funds. You will automatically pay the reduced medical payroll contributions for 2017.

If you were on an approved Leave of Absence for at least 70 consecutive days between September 1 and December 31, 2016, and did not complete your biometric Wellness Screening and online Wellness Assessment during 2016, then you will not lose the \$500 2017 medical payroll contribution savings (\$1,000 if covering a spouse/domestic partner). Other provisions of the Medical Plan and Wellness Program will continue to apply, including the opportunity to earn MRA funds by completing wellness activities.

Your 2017 MRA Funding at a Glance

Here's how you can earn MRA funds for 2017:

Wellness Activity	Who Is Eligible to Complete and Amount Earned for Employee's 2017 MRA		Timing and Details
	You	Covered Spouse/ Domestic Partner	
Initial Wellness Activities	Complete both a biometric Wellness Screening and an online Wellness Assessment.		If you were eligible for coverage on or before October 1, 2016, you needed to complete both a Wellness Screening and Wellness Assessment by December 31, 2016, to earn \$200 in your 2017 MRA and save \$500 in 2017 medical payroll contributions. If your covered spouse/domestic partner completed both activities during 2016, you earned an additional \$100 in your MRA and saved an additional \$500 in 2017 medical payroll contributions.
<p>Get a biometric Wellness Screening.</p> <p>If you had a screening at your doctor's office, make sure you submit a Wellness Screening Results Form (available on My Health) by January 31, 2017, to ensure timely processing of any applicable wellness incentives.</p> <p>AND</p> <p>Complete an online Wellness Assessment.</p>	\$200 for completing both activities and save \$500 in 2017 medical payroll contributions	\$100 for completing both activities and save \$500 in 2017 medical payroll contributions	<p>There are four ways to complete a Wellness Screening:</p> <ol style="list-style-type: none"> 1. Onsite at many JPMorgan Chase locations – either through a Wellness Screening event or at one of our Health & Wellness Centers (employees only) 2. Doctor's office 3. Lab (Quest or LabCorp) 4. In-store retail clinic such as CVS Minute Clinics, Duane Reade "DR Walk-In Medical Care" Clinics and Walgreens Healthcare Clinics <p>Complete on your health care company's website (Cigna or UnitedHealthcare).</p> <p>My Health > Wellness Assessment</p>
<p>Employees and their covered spouse/domestic partner who become eligible for benefits coverage after October 1, 2016, have from their coverage effective date until December 31, 2017, to complete Initial Wellness Activities (Wellness Screening + Wellness Assessment) and earn Wellness Rewards for their 2017 MRA. They will automatically pay the reduced medical payroll contributions for 2017.</p>			
Additional Wellness Activities	Choose which activities to complete		January 1, 2017 - December 31, 2017
	Complete up to four activities (maximum of \$800)	Complete up to three activities (maximum of \$300)	You and your covered spouse/domestic partner must complete Initial Wellness Activities to earn MRA funds for Additional Wellness Activities you and/or your covered spouse/domestic partner complete.
Preventive Care. Get a physical, cervical or prostate cancer screening, mammogram or colonoscopy.	\$200	\$100	Take advantage of all the age- and gender-appropriate screenings that apply to you (each is covered at 100% in-network). However, you can earn funds for a maximum of one activity.

Your 2017 MRA Funding at a Glance (continued)

Wellness Activity	Who Is Eligible to Complete and Amount Earned for Employee's 2017 MRA		Timing and Details
	You	Covered Spouse/ Domestic Partner	
Biometric Outcomes: <ul style="list-style-type: none"> • Body Mass Index (BMI)* is under 25 or progress toward it as defined by your health care company. • Blood Pressure* is 120/80 or less or alternative activities are completed, as defined on the next page. 	\$200	\$100	Receive funds only once a year for each outcome based on results from a Wellness Screening.
Personal Action Call with your health care company to discuss Wellness Screening and Assessment results, and understand tools and resources available.	\$200	\$100	
Health Coaching Program , such as stress and weight management, nutrition, maternity support, condition management and/or treatment decision support.	\$200	\$100	Telephonic: You can participate in as many telephonic programs as you'd like, but employees can complete and receive funds for up to four telephonic Health Coaching Programs, spouses/domestic partners up to three.
Online Learning Programs <ul style="list-style-type: none"> • Choosing Care Wisely online program – become a good health care purchaser using tools and resources available on your health care company's website. • Planning Your Finances Wisely online program – learn more about how to be financially well by using tools and resources that JPMorgan Chase provides. 	\$200	\$100	Receive funds once a year for this activity. Note: You can complete both of these activities, but you can receive funds for only one Online Learning Program.
Community Physical Activity event through Good Works, or participate in a JPMorgan Corporate Challenge.*	\$200	Not applicable	You can participate in as many local events as you want, but you can only receive funds once a year for this activity.
TOTAL 2017 MRA funds employee can earn	\$1,000	\$400	\$1,400 if employee and covered spouse/domestic partner complete Initial + Additional Wellness Activities within required time frames.

*If it is unreasonably difficult due to a medical condition for you (and/or your spouse/domestic partner) to achieve the standard for the rewards under this program, contact your health care company to work with you (and, if you wish, with your doctor) on an alternative. If you did not enroll in JPMorgan Chase medical coverage, Cigna has been designated as your health care company to administer your Wellness Rewards.

Please note: You can access your health care company's website through **My Health** generally 10 business days after you enroll.

Learn more about how the MRA works by checking out the **2017 MRA Action Plan** Tip Sheet on **My Health**.

Information on Wellness Rewards for Blood Pressure

You can achieve Wellness Rewards for Blood Pressure in the following manner starting January 1, 2017:

- If your blood pressure is 120/80 or less, you earn \$200 in Wellness Rewards for Blood Pressure.
- If your blood pressure is greater than 120/80 but less than 160/100, you can earn \$200 in Wellness Rewards in one of two ways:
 1. You can make an appointment at an onsite JPMC Health & Wellness Center for in-person health coaching regarding the risks of high blood pressure. After completion of your coaching session, the JPMC nurse will notify your health care company that the coaching took place, and your health care company will authorize Wellness Rewards for Blood Pressure.
 2. You can call your health care company (Cigna/UHC) and complete a Personal Action Call or Health Coaching that will be focused on your blood pressure or a related topic such as Heart Health. Your health care company will authorize your Wellness Rewards. **Please note:** The incentive for completing this Blood Pressure activity will be recorded under the “Personal Action Call” or “Health Coaching,” not “Blood Pressure.”
- If your blood pressure is 160/100 or greater, you can still earn \$200 in Wellness Rewards by calling your health care company (Cigna/UHC) to obtain the Wellness Screening Outcomes Exemption Form and taking it to your personal health care provider. Your health care provider can determine if medication adjustment or information regarding your blood pressure risks is appropriate for you. Your provider can then complete the form and fax it to your health care company as evidence that you are currently under medical care for your blood pressure. Your health care company will then award Wellness Rewards for Blood Pressure.

Paying Expenses Through Your MRA

Benefits enrollment is the time you’ll choose **how** you want expenses to be paid by your MRA – through automatic claim payment or debit card. Learn more about paying your expenses through your MRA by accessing the **Differences Between an MRA and HCSA** and **Helping You Choose: Automatic Claim Payment vs. Debit Card** Tip Sheets through **My Health**.

Please note: If you elect to participate in the Health Care Spending Account (HCSA), the payment method you choose for your MRA will also be used for your HCSA. In addition, if you don’t make an election, your payment method will default to automatic claim payment and generally cannot be changed until the next Annual Benefits Enrollment.

For claim forms or to check your MRA and HCSA balances, go to **My Health**.

Payment Method	How It Works
Automatic Claim Payment	<p>After your health care company pays its share of the cost of care, your health care company will pay your doctor/pharmacy your share of the eligible cost. They’ll use your MRA funds first, then your HCSA funds (if applicable).</p> <p>Once both MRA and HCSA funds are gone, you’ll pay any remaining expenses out of your pocket when billed by your doctor. If you’re filling a prescription, you’ll pay any remaining balance not covered by funds in your MRA and/or HCSA at the time you purchase the drug. The pharmacy will let you know about any amount you owe.</p> <p>If you’re using your HCSA to pay for eligible dental and vision expenses not payable under your plans (e.g., coinsurance for dental services, eyeglasses), you’ll need to pay out of your own pocket, then submit a paper claim form (via mail or fax) to access your HCSA balance.</p>
Debit Card	<p>After your health care company pays its share of the cost of care, you can use your debit card to pay your share of the cost of eligible out-of-pocket medical care and prescription drugs from your MRA and then your HCSA. (Give your debit card number to your doctor when you are billed for services or your pharmacy when you purchase a prescription drug, and your share of the expenses will automatically be taken out of your accounts.)</p> <p>You can also use your debit card to pay for eligible out-of-pocket dental and vision expenses out of your HCSA, as long as your provider accepts debit cards.</p> <p>You can also pay out of pocket and later submit a paper claim form to Cigna or UnitedHealthcare, available on My Health > My Resources > Other Resources > Claim Forms.</p>

Please note: If you do not enroll in a JPMorgan Chase Medical Plan and earn 2017 Wellness Rewards, they will be paid to you via payroll and will be taxable.

If You Don't Enroll in the JPMorgan Chase Medical Plan for 2017

If you choose to not enroll in the JPMorgan Chase Medical Plan, you can still earn up to \$600 in 2017 Wellness Rewards (payable in your 2017 pay and taxable). Here's how:

- If you were eligible for benefits after October 1, 2016, you can earn \$200 for completing both the Initial Wellness Activities (biometric Wellness Screening and online Wellness Assessment questionnaire) by December 31, 2017. Plus, an additional \$400 for completing two Additional Wellness Activities during 2017 after completing the Wellness Screening and Wellness Assessment.
- If you were eligible for benefits on or before October 1, 2016, you needed to complete your Wellness Screening and Wellness Assessment by December 31, 2016, to earn \$200. The Wellness Screening and Wellness Assessment must be completed before you can earn funds for Additional Wellness Activities.

Keep in mind that your spouse/domestic partner is not eligible to earn Wellness Rewards.

Deciding Which Payment Method to Choose

In some cases, choosing the debit card over automatic claim payment may be better for you, and vice versa. Here are some examples:

Automatic Claim Payment May Be Better For You If You...	The Debit Card May Be Better For You If You...
<ul style="list-style-type: none"> • Have doctors and providers who don't accept credit cards. • Want to avoid the substantiation process, which requires you to provide receipts when your health care company can't match expenses to a claim. • Don't have coverage through another medical plan. <p>Please note: You are not able to apply any other form of payment at the time of your transaction if you elect the automatic claim payment option.</p>	<ul style="list-style-type: none"> • Also have coverage through another medical plan, such as your spouse's plan, Medicare or Medicaid. • Use a prescription drug discount card provided by a drug manufacturer or foundation. • Elect the HCSA and want to use that account at the time of service to pay for dental and vision expenses.

Be Sure Your Dependents Are Eligible

You are responsible for understanding the dependent eligibility rules and abiding by them as well as providing acceptable documentation when requested. When you first enroll and each year during your designated enrollment period, or within 31 days following a qualified status change, it is important that you review both the dependent eligibility rules and the status of your covered dependents to ensure that you cover only eligible dependents. Review dependent eligibility requirements on **My Health**, and do not enroll any ineligible dependents.

Please note: You will be required to provide documentation for the dependents you cover under the plan. If you do not provide documentation within the specified time period, your dependents will be dropped from coverage.

Eligible Dependents

In addition to employee coverage, your dependents are also generally eligible for coverage under the JPMorgan Chase Medical Plan. When you enroll for coverage, you need to certify online that your dependent meets the eligibility requirements. You will then be asked to provide acceptable documentation supporting eligibility. Eligible dependents generally include:

- Your spouse* or domestic partner; and
- Your and/or your spouse's/domestic partner's children
 - Up to the end of the month in which they turn 26
 - Can be covered regardless of student or marital status, financial dependence on parents, residency with parents or eligibility for coverage under another health plan

*Same treatment provided for both same- and opposite-sex spouses

Please note: You may continue coverage beyond age 26 for an unmarried child who is not capable of supporting himself or herself due to a mental or physical disability that began before the age limits described above and who is fully dependent on you for financial support.

Domestic Partners

To qualify as an eligible dependent under the JPMorgan Chase U.S. Benefits Program, you and your domestic partner must meet all the following conditions:

1. Be age 18 or older; **and**
2. Not be legally married to, or the domestic partner of, anyone else; **and**
3. Have lived together for at least six months; are currently living together; and have a serious, committed, romantic relationship; **and**
4. Be financially interdependent (share responsibility for household expenses); **and**
5. Not be related to each other in a way that would prohibit legal marriage; **OR**

Have registered as domestic partners pursuant to a domestic partnership ordinance or law of a state or local government, or under the laws of a foreign jurisdiction.

For additional information on covering domestic partners, please review the information on **My Health**.

Coverage Categories

The JPMorgan Chase Medical Plan offers four coverage categories to help match your coverage needs:


- Employee Only
- Employee Plus One Adult (spouse or domestic partner)
- Employee Plus Child(ren)
- Employee Plus Family (spouse or domestic partner plus child[ren])

Cost for Coverage

You and JPMorgan Chase share the cost of coverage under the Medical Plan. Your contributions are deducted from your pay on a before-tax basis – before federal (and, in most cases, state and local) income taxes are withheld. The amount you pay depends on the level of your Total Annual Cash Compensation, the medical option you choose, where you live, the number and type of eligible dependents you cover, if you and your covered spouse/ domestic partner use tobacco, and if you and your covered spouse/domestic partner complete a Wellness Screening and Wellness Assessment. **You will have a higher cost for coverage if your Total Annual Cash Compensation is higher**, you cover more dependents under your Medical Plan option, and/or costs in your geographic area are higher than average.

The following chart shows the Total Annual Cash Compensation levels currently used to determine employee before-tax contributions under the Medical Plan. (Specific contribution rates for each of your available Medical Plan options will be communicated during your designated enrollment period.) Please see the back cover for the definition of Total Annual Cash Compensation.

Total Annual Cash Compensation Levels Used to Determine Medical Plan Contributions

Level	Total Annual Cash Compensation (excluding overtime)	Employee Pays
1	< \$35,000	
2	\$35,000 - \$59,999.99	
3	\$60,000 - \$79,999.99	
4	\$80,000 - \$149,999.99	
5	\$150,000 - \$249,999.99	
6	\$250,000 - \$349,999.99	
7	\$350,000 and above	

Dependents' Social Security Numbers Required

If you cover dependents under your JPMorgan Chase plans, be sure their names, addresses and Social Security numbers are up to date. This information is important for us to have and is required by the Affordable Care Act. In addition, if you're adding a dependent to your coverage, beginning January 1, 2017, you'll need to provide that dependent's Social Security number. Just go to the Benefits Web Center, and you will be prompted for the Social Security number when adding each dependent for coverage.

If you do not enter your dependent's Social Security number when prompted, you will not be able to enroll your dependent on the Benefits Web Center and will need to enroll him or her by calling the accessHR Contact Center.

Contribution Costs for Each Covered Family Member

To more accurately reflect the true cost of coverage and to fairly distribute that cost among employees, you will pay for each family member that you cover under a JPMorgan Chase Medical Plan option, including each child. You will be charged for a maximum of four children, even if you cover more than that under your plan. (You can cover all of your children, as long as they meet eligibility requirements. You will only pay the per-child costs for the first four children you choose to cover.) This itemized pricing will not only

help you evaluate the cost of each family member's coverage, but will also give you information to more accurately compare your Medical Plan options and costs. Contributions will also vary based on your Total Annual Cash Compensation, geographical location, option you select, if you and your covered spouse/domestic partner use tobacco, and if you each complete a Wellness Screening and Wellness Assessment. **Please note:** You will be provided lower rates in your first year of hire even if you do not complete the screening and assessment or if you use tobacco.

Here's how it works:

Example 1*

Jack wants to cover himself, his wife, and their three children under Medical Option 1. He will pay one price for himself, one price for his wife, and one price for each of his three children. When combined, this will equal his total contribution for medical coverage.

**Jack's employee-only rate + wife's rate + (per child rate × 3) =
Jack's total monthly contribution for medical coverage**
[\$79 + \$244 + (\$59 × 3)] = \$500

Example 2*

Barbara wants to cover herself, her husband, and their five children under Medical Option 1. She will pay one price for herself, one price for her husband, and one price for each of four of her children. She will not pay an additional per-child price for her fifth child because per-child costs apply only up to four children, even though she will have coverage for her five children.

**Barbara's employee-only rate + husband's rate + (per child rate × 4) =
Barbara's total monthly contribution for medical coverage**
[\$79 + \$244 + (\$59 × 4)] = \$559

*These examples are for illustrative purposes only and represent participation in Medical Option 1, average geographical price region, and Total Annual Cash Compensation of < \$35,000. Your actual rates could be different from those represented here. These examples also assume the employee and covered spouse complete a biometric Wellness Screening and an online Wellness Assessment questionnaire and are not tobacco users.

Higher Rates for Tobacco Users for Certain Benefits Coverage

All U.S. benefits-eligible employees (and their covered spouses/domestic partners, where applicable) who use tobacco will pay higher rates under the following Health Care and Insurance Plans:

- Medical Plan (employee and spouse/domestic partner coverage);
- Supplemental Term Life Insurance Plan (employee and spouse/domestic partner coverage); and
- Long-Term Disability Plan (employee coverage).

If you use tobacco, you will pay an additional \$80 per month (or \$960 per year) under the Medical Plan. If your covered spouse/domestic partner also uses tobacco, you will pay an additional \$80 per month (or \$960 per year) under the Medical Plan.

Under the JPMorgan Chase U.S. Benefits Program, a "tobacco user" (for a plan year) is any person who has used any type of tobacco products (i.e., cigarettes, cigars, chewing tobacco, snuff or a pipe) regardless of the frequency or location (this includes daily, occasionally, socially, at home only, etc.) in the 12 months preceding January 1 of the plan year.

When you enroll as a newly eligible employee or during a subsequent annual enrollment period, you will declare a non-tobacco user/tobacco user status for yourself and your covered spouse/domestic partner. The status you report will

remain in effect for the calendar year. After you (and/or your covered spouse/domestic partner) have been tobacco-free for 12 months (as of January 1 each year) or completed a pre-approved tobacco cessation course and certified attendance by the applicable deadline (as part of the annual benefits enrollment process), you'll be eligible for lower non-tobacco user rates beginning January 1 of the following year.

If you are hired before October 1, you will be assigned non-tobacco user rates for the current calendar year for you and your covered spouse/domestic partner even if you declare yourself and/or your spouse/domestic partner a tobacco user, because you and/or your spouse/domestic partner may not have had an opportunity to complete a Tobacco Cessation Program in order to qualify for the lower non-tobacco user rates. You'll receive more information regarding the opportunity to update your tobacco user status during the annual benefits enrollment period. More information on Tobacco Cessation Programs and requirements is available on **My Health** > My Wellness > Tobacco Cessation.

If you are hired on or after October 1, for the current plan year and the following plan year you will be assigned non-tobacco user rates for you and your spouse's/domestic partner's coverage for certain benefits.

Dental Plan

JPMorgan Chase offers three dental coverage options based on where you live. All options provide coverage for preventive care, basic and major restorative care. Here's a brief overview of each Dental Plan option:

Dental Options at a Glance

Provision	Preferred Dentist Program (PDP) Option – MetLife		Dental Maintenance Organization (DMO) Option – Aetna (in-network only)	Dental Health Maintenance Organization (DHMO) Option – Cigna (in-network only)
	In-Network	Out-of-Network		
Annual Deductible				
Preventive	None	None	None	None
Restorative (<i>basic and major</i>)	\$50 individual, \$150 family	\$100 individual, \$300 family	None	None
Covered Services				
Preventive (<i>exams, cleanings, X-rays, sealants</i>) (<i>no deductible</i>)	100% coverage	90% coverage	100% coverage	100% coverage
Basic restorative (<i>fillings, extractions, periodontal, oral surgery, anesthesia</i>)	80% coverage after deductible	70% coverage after deductible	80% coverage	90% coverage
Major restorative (<i>dentures, bridges, root canals, inlays, onlays, crowns</i>)	60% coverage after deductible	50% coverage after deductible	60% coverage	60% coverage
Orthodontia				
Child (up to age 19)	50% coverage after deductible	50% coverage after deductible	50% coverage	50% coverage
Adult	None	None	50% coverage	50% coverage
Maximum Benefits				
Combined annual for preventive and restorative	Maximum \$2,000*	Maximum \$1,500*	No maximum	No maximum
Lifetime for orthodontia	Maximum \$2,500*	Maximum \$2,000*	Limited to one course of treatment per lifetime	24 months of interceptive and/or comprehensive treatment (cases beyond 24 months or atypical cases require additional payment by the patient)

All in-network percentages above apply to dentists' negotiated fees. All other percentages generally apply to reasonable and customary charges. Frequency limits may apply to certain services.

*Combined in- and out-of-network.



Preferred Dentist Program Option

The Preferred Dentist Program (PDP) Option, administered by MetLife, offers you the flexibility to choose between in-network and out-of-network dental care. Under this option, networks of participating dental providers offer their services for lower, prenegotiated rates. Here's how it works:

- When you need care, you can choose to visit a network provider or go out of network.
- In general, when you obtain care from an in-network dentist, your out-of-pocket costs will be lower; when you receive out-of-network care, your out-of-pocket costs will be higher.
- Once you pay a deductible, you and JPMorgan Chase share the discounted costs for in-network covered expenses, subject to plan maximums. In the case of out-of-network covered expenses, a higher deductible applies and the plan pays a lower level of benefits up to reasonable and customary limits and plan maximums.
- No deductibles apply to in-network or out-of-network preventive services.

Dental Maintenance Organization/ Dental Health Maintenance Organization Option

When you enroll in the Dental Maintenance Organization (DMO) or Dental Health Maintenance Organization (DHMO) Option, administered by Aetna and Cigna, respectively:

- You receive care solely from dentists who are associated with the DMO/DHMO network.
- All of your care within the network is coordinated through a primary dentist. You must go through your primary dentist to receive benefits from the plan and for specialist referrals.
- There are no deductibles.
- You pay nothing for preventive care and share in the cost of care for basic and restorative care. You pay a percentage of discounted costs.

Eligible Dependents

You can cover the same eligible dependents under the Dental Plan as under the JPMorgan Chase Medical Plan (please see page 20).

Cost for Coverage

You and JPMorgan Chase share the cost of coverage under the Dental Plan. Your contributions are deducted from your pay on a before-tax basis. The amount you pay depends on the option you choose and the type of eligible dependents you cover.

Vision Plan

The JPMorgan Chase Vision Plan, administered by VSP® Vision Care (VSP), 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. VSP offers vision care coverage through 30,000 vision care providers nationwide at 52,000 locations, including retail chains, such as Cohen's Fashion Optical, Costco, Wisconsin Vision, Heartland Vision and Rx Optical.

Vision Plan at a Glance – In-Network Care

Service	Provision	Copayment	Frequency
WellVision Exam®	Exam is available once every calendar year	\$0	Every calendar year
Frames	\$150 allowance	\$10	
Lenses	Single vision, lined bifocals or lined trifocals, plus tints, scratch-resistant coatings and polycarbonate lenses are covered in full		
Contact Lenses	\$150 allowance (in lieu of eyeglass lenses)	\$0	
Contact Lens Exam	Covered in full, after copayment	No more than \$55	
Retinal Screening	An enhancement to your WellVision Exam®	\$39	

Please note: You can also receive care outside the VSP network, but you'll receive a lower level of benefits and be reimbursed up to a specified dollar amount. For details, check out the Vision Plan Comparison Chart on the Benefits Web Center.

Cost for Coverage

Your contributions for Vision Plan coverage are deducted from your pay on a before-tax basis. Your cost for coverage depends on the type of dependents you cover.



Eligible Dependents

You can cover the same eligible dependents under the Vision Plan as under the JPMorgan Chase Medical Plan (please see page 20).

Get Preventive Care!

We believe preventive care is so important that it's covered 100% when you receive in-network care under the JPMorgan Chase Medical Plan, Dental Plan and Vision Plan. Plus, you can earn MRA funds when you get certain preventive care services under the Medical Plan.

Important Details About Participation in the Health Care Spending Account

- **Carryover Funds:** If you elect to participate in the Health Care Spending Account, you can carry over up to \$500 of unused Health Care Spending Account funds from year to year to continue to pay for eligible expenses. **Please plan carefully** – if you are enrolled in the JPMorgan Chase Medical Plan, MRA funds are used first prior to paying any claims from your Health Care Spending Account for eligible out-of-pocket medical and prescription drug expenses.
- **Eligible Tax Dependents:** You can pay expenses from your Health Care Spending Account for eligible tax dependents only, including your spouse, a tax-qualified domestic partner, parents and your dependent children, including the children of your domestic partner if they are your tax dependents.
- **Coordinating with Your Spouse:** If your spouse has a Health Care Spending Account at JPMorgan Chase or at another employer, by law you cannot claim reimbursement for any expense your spouse has claimed.
- **Estimate Your Contributions:** Use the Health Care Spending Account Contribution Estimator and MRA Value Estimator on the Benefits Web Center to model your expenses, so that you can estimate the amount of before-tax dollars to contribute to the Health Care Spending Account. (The MRA Value Estimator will show how much you can earn by completing certain wellness activities.) **Please note:** If you enroll in the JPMorgan Chase Medical Plan, your MRA funds will be used to pay for eligible out-of-pocket medical and prescription drug expenses before your Health Care Spending Account funds. So, be sure to plan your contribution amount carefully.

Spending Accounts

Spending accounts allow you to set aside before-tax money to help pay for eligible health care, dependent care and transportation expenses. JPMorgan Chase offers three spending accounts – the Health Care Spending Account, the Child/Elder Care Spending Account and the Transportation Spending Accounts (Transit/Parking).

Health Care Spending Account

You can generally contribute up to \$2,600 (2017 limit) a year on a before-tax basis to pay for eligible out-of-pocket health care expenses. You may use your Health Care Spending Account for eligible expenses such as:

- Medical and prescription drug deductibles, copayments and coinsurance **after** your MRA funds are used
- Costs for non-covered prescription drugs, such as non-sedating antihistamines (e.g., Clarinex, Allegra) with a prescription from your doctor
- Dental deductibles and coinsurance not covered under any Dental Plan you may be enrolled in
- Eyeglasses and contact lenses for amounts not covered under any Vision Plan you may be enrolled in

Don't Lose Out: If you elect to participate in the Health Care Spending Account, you will lose any balance exceeding \$500 remaining in your account at the end of the plan year (December 31). You have until March 31 of the following plan year to submit eligible claims for reimbursement.

Certain expenses, such as those for cosmetic surgery or health care premiums, are not reimbursable under the Health Care Spending Account.

Your health care company will be the administrator of your Health Care Spending Account. If you waive medical coverage through JPMorgan Chase, ADP will administer your Health Care Spending Account.

Coordinating Your MRA and Health Care Spending Account

Keep in mind that you have to use all the funds in your MRA before you can use the money in your Health Care Spending Account for eligible out-of-pocket medical and prescription drug expenses. However, you can also use your Health Care Spending Account to reimburse yourself for eligible out-of-pocket dental and vision expenses, which are not eligible for reimbursement under the MRA.

Here's a look at how your eligible expenses are paid from your MRA and Health Care Spending Account:

- Your MRA pays first for eligible out-of-pocket medical and prescription drug expenses.
- Your Health Care Spending Account pays for eligible out-of-pocket medical and prescription drug expenses **after** MRA funds are depleted.
- Your Health Care Spending Account pays for eligible out-of-pocket dental and vision care expenses, as well as over-the-counter medicines for which you have a prescription and all forms of insulin even if available without a prescription (cannot be paid by your MRA). Over-the-counter supplies are covered without a prescription.

For more details about how your eligible expenses are paid from your MRA and Health Care Spending Account, take a look at the **Differences Between an MRA and HCSA** Tip Sheet on **My Health**.

A listing of eligible expenses under the Health Care Spending Account is available on Cigna's or UnitedHealthcare's website if you enrolled in a JPMorgan Chase Medical Plan.

Keep in mind that how you choose to have your expenses paid through your Health Care Spending Account will be the same way you choose to have your expenses paid through your MRA: through automatic claim payment or debit card. See page 19 for details. And, if you do not enroll in a JPMorgan Chase Medical Plan and earn 2017 Wellness Rewards, they will be paid to you via payroll.

Child/Elder Care Spending Account

You can generally contribute up to \$5,000 a year on a before-tax basis to pay for eligible out-of-pocket expenses to provide care during working hours for eligible dependents. Eligible expenses are those that provide care so that you and your spouse (if you are married) can work outside the home or so your spouse can attend school full-time. You must provide the Social Security number or tax identification number of the care provider when filing for reimbursements. You may use your Child/Elder Care Spending Account for eligible expenses including:

- Child care expenses for dependent children under age 13, or older if disabled, and
- Adult care expenses for your dependent spouse or parents who are your tax dependents.

The JPMorgan Chase Child/Elder Care Spending Account, which is administered by ADP, covers eligible expenses only up to the balance credited to your account through payroll deductions at the time you request reimbursement. As your contributions are deducted from your pay throughout the year, you'll automatically be reimbursed for any outstanding expenses you've submitted, up to the year-to-date amount already contributed (minus any previous reimbursements). Your account will only cover expenses for services that have actually been incurred, not for future expected services.

Please note: Internal Revenue Service (IRS) rules impose limits on contributions to the Child/Elder Care Spending Account in certain situations that involve highly compensated employees to help ensure that the plan doesn't unfairly favor these employees. As a result, it may be necessary to reduce contributions for some participants under these rules. You'll be notified if you're affected.

Important Details About Participation in the Child/Elder Care Spending Account

- **Don't Lose Out:** If you elect to participate in the Child/Elder Care Spending Account, you will lose any balance remaining in your account at the end of the plan year (December 31). You have until March 31 of the following year to submit eligible claims for reimbursement.
- **Eligible Tax Dependents:** You can pay expenses from your Child/Elder Care Spending Account for eligible tax dependents only, including your disabled spouse; a tax-qualified disabled domestic partner; your dependent children, including the children of your domestic partner if they are your tax dependents, as well as parents if they are your tax dependents.
- **Coordinating with Your Spouse:** If your spouse's employer offers a similar Child/Elder Care Spending Account, the most you and your spouse can be reimbursed during a tax year is \$5,000 on a combined basis. If you are married but file separate income tax returns, your maximum contribution amount is \$2,500 a year. **Please note:** Additional limits may apply.
- **Federal Income Tax Credit:** The Internal Revenue Code prevents you from taking the federal dependent care tax credit on your personal income tax form for expenses reimbursed through your Child/Elder Care Spending Account. You may wish to consult with your personal financial advisor to determine which is better given your personal financial situation.





Transportation Spending Accounts (Transit/Parking)

Under the JPMorgan Chase Transportation Spending Accounts, you pay for eligible commuter and/or parking expenses related to commuting to and from work through before-tax payroll deductions up to the legal limits. You may contribute before-tax dollars to two different accounts – the Transit Account and/or the Parking Account. Limits for before-tax deductions for eligible transportation and parking expenses change from year to year. For 2017, the monthly before-tax limits are \$255 for transit and \$255 for parking expenses. For more information, please go to **My Health** > My Resources > Benefit Plan Details. After-tax contributions are applicable to commuting and/or parking expenses that exceed before-tax monthly limits.

Important Details About Participation in the Transportation Spending Accounts

- **How Transit Expenses Are Paid:** If you participate in the Transit Account, you simply order your commuter passes, tickets or vouchers through WageWorks, Inc., the plan administrator. You will be asked to specify whether your elections should carry over month to month, or if you'd prefer, you may initiate a new election each month. Your commuter passes, tickets or vouchers are then sent to your home address by the first of the month.
- **If Your Commuter Pattern Varies, the Transit Account Also Offers the Convenience of a Commuter Card for Your Transit Expenses:** This card can be used to purchase a pass and is available to participants in a location where the associated transit agency (i.e., MetroCard, NJ Transit Rail) accepts a debit card and/or credit card.
- **How Parking Expenses Are Paid:** If you participate in the Parking Account, you must indicate how much you pay for parking, and that amount will be paid to the parking lot directly for you. You can change or cancel your participation on a monthly basis at any time during the year. If your monthly parking expenses are unpredictable, you can pay for them each month and then get reimbursed by submitting a claim.
- **When You Can Enroll:** You may enroll for participation in the Transportation Spending Accounts on a monthly basis at any time during the year. You must make your elections, changes or cancellations by the first day of the month prior to the month in which expenses will be incurred. For example, if you make your enrollment elections between June 2 and July 1, your payroll deductions will begin in July for the expenses you will incur in August. For more information about the enrollment timing and payroll deductions, please refer to the "Spending Accounts" section of the Summary Plan Descriptions – **Your Guide to Benefits at JPMorgan Chase** – available on me@jpmc > Benefits & Rewards.
- **Unused Before-Tax Dollars:** The Transportation Spending Accounts are subject to different rules under the Internal Revenue Code than the Health Care Spending Account and the Child/Elder Care Spending Account. So, you may enroll in one or both of the Transportation Spending Accounts at any time and change or stop your contributions on a monthly basis. If your account reaches a certain threshold, your contributions will be suspended until the balance is below that threshold.

Important Note for Metro-North Railroad and Long Island Railroad (LIRR) Commuters

If you live in the metro New York area and commute to work using either the Metro-North Railroad or Long Island Railroad, there are two steps you need to take when setting up your account:

1. First, set up a Mail & Ride Account through the www.mta.info website.
2. Once you've set up your Mail & Ride Account, you can then set up your election by logging into the Transportation Spending Accounts Web Center. You can elect an amount up to the before-tax legal monthly limit or the full amount of your commuting cost. Your deductions will then be forwarded directly to the agency to pay for your ticket.

For more detailed information on this benefit, please refer to the "Spending Accounts" section of the Summary Plan Descriptions – **Your Guide to Benefits at JPMorgan Chase** – available on me@jpmc > Benefits & Rewards.

Long-Term Disability (LTD) Plan

The JPMorgan Chase Short-Term Disability Plan provides eligible employees with up to 26 weeks of time off (consisting of a one-week waiting period and up to 25 weeks of full or partial pay, if applicable) if you are ill or injured. If you are out of work for an extended period of time (beyond 26 weeks), coverage is available under the LTD Plan as follows:

- If your Total Annual Cash Compensation (TACC) is less than \$60,000, you will automatically receive LTD coverage of 60% of your TACC fully paid by JPMorgan Chase.
- If your TACC is \$60,000 or more, you can elect employee-paid LTD coverage of 50% or 60% of your TACC. The premiums you pay for coverage will be made on an after-tax basis. As a result, any benefits you receive if you become disabled are tax-free. Keep in mind that if your TACC decreases to less than \$60,000, you will be defaulted into the Company-paid 60% Option. The maximum monthly LTD benefit is \$20,000 (which generally limits the benefit available to employees earning more than \$400,000 per year if they elect the 60% Option and \$480,000 per year if they elect the 50% Option). If you do not elect LTD coverage, you will be assigned No Coverage for the plan year and will need to satisfy evidence of good health if you enroll in the future.

Understand the Individual Disability Insurance (IDI) Enrollment Process

Generally, if your TACC is more than \$400,000, you are subject to the LTD Plan's maximum coverage limits and can purchase additional LTD coverage under a fully portable Individual Disability Insurance (IDI) Policy insured by Unum (for which Covala Group is the administrative service provider). This provides an additional maximum monthly LTD benefit of up to \$15,000. If you are eligible for the IDI benefit, you will receive information separately.

Important Details About Participation in the Long-Term Disability (LTD) Plan

- **When You Can Enroll:** You may only enroll in this benefit as a new employee or during Annual Benefits Enrollment. You may not enroll due to a qualified status change.
- **Evidence of Insurability (EOI):** If you are provided or enroll for coverage as a newly hired employee, no EOI is required. However, EOI does apply any time you want to increase coverage or enroll in coverage at a later time. In these situations, if you become disabled prior to approval of EOI, you will receive the value of coverage in effect prior to your new election.
- If you have Total Annual Cash Compensation of \$60,000 or more and don't enroll as a new hire or choose to increase coverage after your initial election, all new coverage will be subject to EOI requirements.*
- **Actively at Work:** You must be actively at work on the date your new coverage takes effect.
- **Tobacco User Rates for Coverage:** Your tobacco user status will affect your contributions under the LTD Plan. For more information on tobacco user premiums, please see page 22.
- **Pre-Existing Condition Exclusion:** Long-term disability benefits will not be paid if:
 - During the first 12 consecutive months of your coverage, you become disabled; and
 - You received treatment for that disabling condition during the six months before your most recent coverage effective date.

*You can complete an EOI form online through Prudential's website (via the Benefits Web Center), which you can access through **My Health**. Just click "Enroll now."

Why LTD Coverage Is So Important

If you become disabled, you may be eligible for Short-Term Disability benefits or for unpaid short-term disability leave for up to 26 weeks (including the one-week waiting period). If your disability continues beyond 26 weeks, LTD coverage can provide you with valuable income protection you may need for you and your family. LTD coverage also allows you to continue your JPMorgan Chase Medical Plan and certain other benefits coverage for up to 24 months after your LTD benefits effective date. When you receive LTD benefits, you can also continue participation in the Pension Plan.

Did You Know?

Just over one in four of today's 20-year-olds will become disabled before he or she retires. In addition, accidents are not usually the cause of a long-term disability – back injuries, cancer, heart disease and other illnesses are usually the reasons for most long-term absences.

Do you have enough money saved to last 34.6 months, which is the average length of a long-term disability claim?† Now is the time to enroll for coverage under the LTD Plan and have peace of mind knowing that you have some financial security in case you become disabled.

†Source: Council for Disability Awareness, 2016

Life and Accident Insurance Plans

JPMorgan Chase offers different types of life and accident insurance administered by MetLife so you can choose the most appropriate coverage and survivor protection for your personal situation. The Company automatically provides you with basic life insurance that pays benefits to your designated beneficiary(ies) if you die and business travel accident insurance if you die or are injured while traveling on business for the Company.

Company-Paid Life and Accident Insurance Plans

JPMorgan Chase automatically provides the following protection at no cost to you:

- **Basic Life Insurance:** JPMorgan Chase provides basic life insurance equal to one times your Total Annual Cash Compensation (rounded up to the next \$1,000), up to a maximum of \$100,000. In the event of your death as an active employee, benefits are paid to your designated beneficiary.

Additional benefits of the Basic Life Insurance Plan include:

- **SurvivorSupport® Financial Counseling Service:** Provides telephonic financial counseling services to a surviving spouse or key adult survivor for six months after an employee's death
- **Travel Assistance with ID Theft Solutions Services*:**
 - **Identity (ID) Theft Assistance Program:** Provides identity theft protection education and assistance to help guide you through the recovery process if your identity or that of your dependents is compromised.
 - **Travel Assistance and Emergency Evacuation Services:** Provides travel assistance and emergency services for employees and their family members in the event of an unexpected medical emergency when traveling 100 miles or more from home.
 - **Mobile Assist:** Provides information to help avoid expensive mobile telephone charges and help effectively use overseas options.
- **Funeral Concierge Services:** Provides information and assistance to employees and their immediate family members for funeral-related issues anywhere in the United States.
- **Grief Counseling**:** Provides you and your dependents up to five private counseling sessions either face-to-face or over the phone with a professional grief counselor to help cope with a loss, no matter the circumstances, whether it's a death, an illness or divorce.

- **Business Travel Accident Insurance:** The Company provides business travel accident insurance equal to six times your annual base salary/regular pay (minimum of \$50,000 and maximum of \$3 million). This coverage offers financial protection in the event of your accidental death or certain accidental injuries sustained while traveling on business for JPMorgan Chase. In the event of your death as an active employee, benefits are paid to your designated beneficiary.

*Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by certain underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

**Grief Counseling and Funeral Planning services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of over 35,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. Subject to state regulatory approval, not approved in all states. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues or marital/ relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who must have received a serious medical diagnosis or suffered a loss that has occurred, meaning, the diagnosis or loss must have taken place (death in the family, job loss, a finalized divorce or separation). Events that may result in a loss are not covered under this program unless and until such loss has occurred.

Life and Accident Insurance Beneficiaries

The Online Beneficiary Designations site provides a convenient way to name, review and update your beneficiary information for your Life and Accident Insurance Plan benefits, as well as your 401(k) Savings Plan and Pension Plan benefits.

You can access the site:

- From work: me@jpmc > Benefits & Rewards > View or Update Beneficiaries
- From home: beneficiary.jpmorganchase.com

Total Annual Cash Compensation

You can find the definition of Total Annual Cash Compensation on the back cover.

Supplemental Life and Accident Insurance Plans

In addition to the Company-provided insurance described on the previous page, you can elect to purchase supplemental term life and accident insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier. You may have to provide evidence of insurability (EOI) before certain levels of life insurance become effective. Your choices for supplemental life and accident insurance include:

- **Employee Supplemental Term Life Insurance:** You can purchase supplemental term life insurance on an after-tax basis in increments of \$10,000, up to 10 times your Total Annual Cash Compensation (rounded to the next higher multiple of \$10,000) to a maximum of \$3 million.
- **Dependent Supplemental Term Life Insurance:** You can also purchase supplemental term life insurance for your eligible dependents on an after-tax basis. You can buy coverage for your spouse/domestic partner from \$10,000 to \$300,000 (in \$10,000 increments), subject to approval by MetLife. In addition, you can buy \$5,000, \$10,000, \$15,000 or \$20,000 in coverage for each dependent child through MetLife. **Please note:** To purchase supplemental term life insurance for your spouse/domestic partner or dependent child(ren), you do not need to elect coverage for yourself.
- The following services are included with supplemental term life at no cost:
 - **Face-to-Face Will Preparation Services*:** Offers you and your spouse/domestic partner unlimited face-to-face or telephonic meetings with an attorney from Hyatt Legal Plans' network of over 14,000 participating attorneys.
 - **Face-to-Face Estate Resolution Services*:** Offers legal assistance from Hyatt Legal Plans' attorney network with probating your and your spouse's/domestic partner's estates.
- **Employee Accidental Death and Dismemberment (AD&D) Insurance:** You can purchase AD&D insurance on an after-tax basis for financial protection in case of accidental death or certain accidental injuries. Coverage is available up to 10 times your Eligible Compensation (in \$10,000 increments) to a maximum of \$3 million.
- **Dependent Accidental Death and Dismemberment (AD&D) Insurance:** You can purchase AD&D insurance for your eligible dependents on an after-tax basis. Coverage is available for your spouse/domestic partner to a maximum of \$600,000 (in \$10,000 increments). **Please note:** Reduced coverage amounts apply to dependents age 75 and older. In addition, you can buy coverage for a child from \$10,000 to \$100,000 (in \$10,000 increments) as long as the child meets the eligibility requirements for dependent coverage. To purchase AD&D insurance for your dependent child(ren), you must elect either employee coverage and/or spouse/domestic partner coverage.

If you leave JPMorgan Chase, generally employee and dependent supplemental term life and AD&D insurance coverage is portable – meaning you can continue coverage through a direct billing arrangement with MetLife at a higher rate.

*Will Preparation Services and Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, Will Preparation Services and Estate Resolution Services are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI. These services are provided at no additional cost to those who purchase supplemental life insurance only. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

Employee AD&D Insurance Limit Due to Age

- When you are age 75 or older, but less than age 80, your amount of Employee AD&D Insurance will be reduced to a maximum amount of \$200,000.
- When you are age 80 or older, your amount of insurance will be further reduced to a maximum amount of \$100,000.
- If you reach age 75 or 80 while insured, this limit will not apply until the January 1 following the date you reach that age.

Eligible Compensation

You can find the definition of Eligible Compensation on the back cover.

Important Details About Participation in the Life and Accident Insurance Plans

- **Evidence of Insurability (EOI):** If you enroll in employee supplemental term life insurance when you are newly hired, you are allowed to enroll for an amount up to the lesser of three times Total Annual Cash Compensation or \$500,000 without having to submit EOI. You can initially enroll a spouse/domestic partner for an amount up to \$50,000 without having to submit EOI. Elected amounts above these guaranteed issue amounts will be subject to EOI. If you do not enroll as a new hire or if you subsequently increase coverage at a later date, all new coverage will be subject to EOI requirements at the time you make the new election.
- **Non-Tobacco User Rates for Coverage:** You pay for supplemental term life insurance and AD&D insurance on an after-tax basis. In addition, as explained on page 22, if you and/or your covered spouse/domestic partner enroll as a non-tobacco user or complete an approved tobacco cessation course, you will pay lower, non-tobacco user rates for any supplemental term life insurance you elect. For more information on non-tobacco user rates under the Supplemental Term Life Insurance Plan, please see page 22.
- **Actively at Work:** You must be actively at work on the date your new or newly approved coverage takes effect.

Group Personal Excess Liability Insurance Plan

The JPMorgan Chase Group Personal Excess Liability Insurance Plan provides additional liability protection for up to \$10 million in 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. Plan highlights include:

- **Coverage Categories:** If you elect to enroll, the plan automatically covers you and all your covered family members.
- **Covered Persons:** A covered person is you or a family member (including your spouse or domestic partner or other relative who lives with you, or any other person under age 25 who lives with you and is in your care or your relative's care).
- **Coverage Options and Costs:** You pay for coverage with after-tax dollars. Your cost depends on the coverage level you choose. There is a flat rate for coverage under this plan – your cost is the same regardless of how many dependents you cover. You can choose from coverage of:
 - \$2 million
 - \$5 million
 - \$10 million

Important Details About Participation in the Group Personal Excess Liability Insurance Plan

- **When You Can Enroll:** You may only enroll in this benefit as a new employee or during Annual Benefits Enrollment. You may not enroll due to a qualified status change.
- **Required Primary Underlying Liability Insurance Policies:** There are certain minimum limits you must carry on your primary underlying liability insurance policies in order to meet the eligibility requirements for this benefit, and failure to meet these minimums will result in a gap in coverage for which you will be responsible in the event of a liability claim. Please refer to the Summary Plan Descriptions – **Your Guide to Benefits at JPMorgan Chase** – available on me@jpmc > Benefits & Rewards.
- **How It Works:** Coverage under this type of policy is always in excess of any other underlying insurance and is also known as an “umbrella policy.” For example, in the case of a car accident, your primary auto insurance policy would provide the first level of coverage, and the JPMorgan Chase Group Personal Excess Liability Insurance Plan would be available once primary limits are exhausted.

Group Legal Services Plan

The JPMorgan Chase Group Legal Services Plan offers you and your family 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. Most services are covered at 100% when you use network attorneys. A reimbursement schedule applies to fees charged by out-of-network attorneys.

- **Coverage Categories:** If you elect to enroll, the plan automatically covers you, your spouse/ domestic partner and all eligible dependent children.
- **Coverage Costs:** You pay for coverage on an after-tax basis. Your cost is the same regardless of how many dependents you cover under the plan.

Important Details About Participation in the Group Legal Services Plan

- **When You Can Enroll:** You may only enroll in this benefit as a new employee or during Annual Benefits Enrollment. You may not enroll due to a qualified status change.
- **Pre-Existing Legal Matters:** Any legal matter for which an attorney-client relationship existed prior to you becoming eligible for services under the JPMorgan Chase Group Legal Services Plan will be excluded, and no benefits will apply.
- **Network Attorneys:** The JPMorgan Chase Group Legal Services Plan offers access to a network of U.S. attorneys who provide a wide range of legal services. In-network services are available only in the continental United States, U.S. Virgin Islands, Puerto Rico and Hawaii, and attorneys will only provide services for U.S.-related issues.

About the JPMorgan Chase U.S. Retiree Benefits Program

In addition to the JPMorgan Chase U.S. Benefits Program for active employees, the following benefits plans are available under the JPMorgan Chase retiree benefits program for those eligible to retire from the Company:

- Retiree Medical
- Retiree Dental
- Retiree Vision
- Retiree Life Insurance

Generally, you are eligible to participate in the retiree benefits program if you are at least age 55 and have 15 or more years of total service as of the date your employment with the Company ends. (Please see the back cover for the definition of total service.) Coverage is available on an access-only basis (meaning you pay full cost of coverage). Additional special criteria apply for individuals affected by a position elimination that qualifies for severance pay and related benefits. To understand how service is measured, including if you are rehired by the firm, please see the **As You Retire Guide** for additional information. The Guide is available on me@jpmc > Health & Life > Life Events.

The retiree benefits program may be changed or terminated at any time.

Health Care Coverage for Medicare-Eligible Retirees

If you are no longer an active employee of JPMorgan Chase and you and/or your covered family members are Medicare-eligible, instead of obtaining medical, prescription drug, dental and vision coverage through a specific JPMorgan Chase group plan, you will have access to individual health care policies through OneExchange, the country's largest private Medicare exchange.

Retiree Medical Plan Notice of Nondiscrimination

The JPMorgan Chase Retiree Medical Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. You can find the notice on **My Health > 2017 Benefits Resources > U.S. Retiree Benefits Plan Notice of Nondiscrimination**

Rolling Over from Another Plan

Having multiple 401(k) plan accounts can make tracking and monitoring of your total savings difficult. Consider a rollover to consolidate your retirement assets into one account. The JPMorgan Chase 401(k) Savings Plan accepts rollovers from most employers' 401(k) and other qualified plans, as well as IRAs.

Know the 401(k) Savings Plan Limits for 2017

Combined Before-Tax and Roth 401(k) Contributions:

- **Under Age 50: \$18,000**
- **Age 50 and Over: \$24,000**

Please note: These annual contribution limits apply across the JPMorgan Chase 401(k) Savings Plan and any prior employer's plan in which you participated during the calendar year. If you participated in another employer's plan before joining JPMorgan Chase, it is your responsibility to ensure that your total contributions to all plans do not exceed the annual legal limit for 401(k) contributions.

Access to Your Savings

Should a need arise requiring you to borrow or withdraw from the plan, the plan has options to take a loan or withdrawal in certain circumstances. For more information, refer to the Plan Highlights available on the 401(k) Savings Plan Web Center or contact the 401(k) Savings Plan Call Center.

Eligible Compensation

Your Eligible Compensation is your Ongoing Compensation plus your Annual Incentive Compensation, if any.

The Retirement Savings Program

Building a financially secure future is a partnership between you and JPMorgan Chase. To help you achieve your retirement goals, we offer meaningful retirement benefits – including the 401(k) Savings Plan, Company-paid pension plan and Employee Stock Purchase Plan – to help you build your retirement income.

401(k) Savings Plan

JPMorgan Chase believes that saving for retirement is important, and what better incentive to start saving than the dollar-for-dollar matching contribution offered to most employees after they complete one year of service. To take advantage of this benefit, begin by enrolling. It's easy – whether you're automatically enrolled or you enroll on your own. Beyond that step, you can make the most of the plan by saving and investing.

Enrolling

If you take no action within the first 31 days after your hire/eligibility date, you will be automatically enrolled at a before-tax contribution rate of 3% of Ongoing Compensation, which includes base salary/regular pay and non-annual cash incentives*.

Your 3% before-tax contributions will be invested in a Target Date Fund based on your age and an assumed retirement age of 65. Your contributions will increase by 1% annually, up to a total contribution rate of 5%.

You may wish to consider whether this contribution rate will be enough to meet your financial goals, and if not, choose a contribution rate that suits your needs. Keep in mind that the plan offers two ways to save on a tax-advantaged basis.

If you don't want to be enrolled automatically, you can either enroll yourself or you can opt out of automatic enrollment via the 401(k) Savings Plan Call Center or Web Center prior to the end of your 31-day grace period.

Saving – Your Contributions

You can contribute up to 50% of Ongoing Compensation on a before-tax and/or Roth basis (up to the annual legal limit).

- **Before-tax contributions** allow you to contribute to the plan before federal and, in many cases, state and local taxes are withheld, which may help you lower your current taxable income.
- **Roth contributions**, which are made after federal, state and local taxes are withheld and do not lower your current taxable income, may be right for you if you think your taxes may be higher in retirement or at the time you take a withdrawal. Roth contributions and any associated earnings can be withdrawn tax-free, assuming certain requirements are met.

You have the flexibility to contribute differently during the year, depending on what works best for you. There are two types of 401(k) contribution rates:

- **Per-pay rate** (1% to 50% on a before-tax and/or Roth basis) – applies to your Ongoing Compensation, which is your base salary/regular pay, as well as any non-annual cash incentives* you receive. You can adjust your per-pay rate as often as you'd like throughout the year, and changes will be made on the next paycheck that is administratively possible.
- **Annual Incentive Compensation rate** (1% to 50% on a before-tax and/or Roth basis) – applies *only* to Annual Incentive Compensation, which is cash compensation awarded, if any, under the firm's Performance-Based Incentive Plan (generally paid in January) or Branch Profitability Incentive Plan (generally paid in February).

*Non-annual cash incentive compensation includes cash incentives that are paid throughout the year, such as sales awards and monthly and quarterly incentives. It also includes any cash incentives paid annually other than Annual Incentive Compensation.

You can contribute from your per-pay Ongoing Compensation, your Annual Incentive Compensation (if any) or both, up to the annual legal limits (see sidebar on facing page).

Saving – JPMorgan Chase Matching Contributions

JPMorgan Chase offers most employees who complete one year of service the opportunity to boost their contributions with a dollar-for-dollar matching contribution up to 5% of Eligible Compensation, which includes base salary/regular pay and annual and non-annual cash incentives, that you contribute to the 401(k) Savings Plan. Matching contributions are calculated and credited annually following the end of the calendar year.

Because the match is made on an annual basis, if your goal is to maximize the match, you need to contribute at least 5% of your Eligible Compensation by year-end – and you have flexibility to contribute differently during the year.

To be eligible to receive the annual matching contributions for a given year, you generally need to be employed as of December 31 that year. **Please note:** Employees whose Total Annual Cash Compensation is \$250,000 or more are not eligible to receive matching contributions.

You will become 100% vested in (meaning you have a non-forfeitable right to) the value of any matching contributions you receive after completing three years of total service.

Matching Contributions – Special Consideration for New Hires

When making contribution decisions (on your per-pay rate and/or Annual Incentive Compensation rate), consider whether that compensation is match-eligible. Only contributions you make – and compensation paid – beginning the first day of the month after completing one year of service are eligible to be matched.

For example: Consider a full-time employee who is hired April 2, 2017. The employee is eligible to contribute to the plan immediately; however, contributions made between April 2, 2017 and April 30, 2018 are not eligible for matching contributions. Any amounts up to 5% of Eligible Compensation contributed from May 1, 2018, through the end of 2018 will be matched, assuming the participant is employed as of December 31, 2018. These matching contributions will be credited to the participant's plan account in early 2019.

Investing

The plan offers two ways to invest to give you flexibility to choose how you make your investment decisions – and the tools you'll need to build a balanced retirement portfolio.

- **No Assembly Required:** If you lack the time, interest or expertise to research, manage and monitor your investments in the plan, you only need to select one of the **Target Date Funds** offered under the plan. Each Target Date Fund corresponds to an expected “target” year – the year that you plan to start withdrawing from your account (generally your retirement date). The funds are already diversified with an asset mix that automatically becomes more conservative over time.
- **Do It Yourself:** If you want a more hands-on approach, you can create your own diversified investment mix by choosing a combination of the plan's **Core Funds**.

My Rewards

All in one place and easy to navigate, **My Rewards** gives you quick access to information and resources to manage your financial well-being. Enjoy a consolidated view of your compensation and retirement savings benefits, including the 401(k) Savings Plan and Pension Plan. Access **My Rewards** from work or home:

- From work:
My Rewards from the intranet
- From home:
myrewards.jpmorganchase.com

Contact Information

You can obtain information and conduct plan transactions by accessing the 401(k) Savings Plan Web Center through **My Rewards**.

If you have questions about the plan, please contact the 401(k) Savings Plan Call Center at 1-866-JPMC401k (1-866-576-2401). (The TTY number is 1-800-345-1833.) Participant Service Representatives are available Monday through Friday, from 8 a.m. to 9 p.m. Eastern Time, except New York Stock Exchange holidays.

A Note About Investment Performance

Past performance does not guarantee how any investment will perform in the future. The plan's investment funds are not deposits or obligations of – nor guaranteed by – JPMorgan Chase & Co., JPMorgan Chase Bank, N.A. or any of their subsidiaries. Nor are they insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency. Investments in the funds involve risks, including the possible loss of principal. Therefore, it's important that you make informed investment decisions only after carefully reading all plan information (including the prospectus for the JPMorgan Chase Common Stock Fund). You may also want to consult a financial planner regarding an investment strategy that's right for you.



To learn more about the plan’s investment options, visit the 401(k) Savings Plan Web Center. You can find detailed fund information, including fund performance, fund fact sheets and a prospectus for the Common Stock Fund. You will also find the **Investment Fund Profiles** brochure, which explains the investment risks and strategies for each investment option within the plan and provides a glossary of important investment terms. To receive paper copies of the information provided online, free of charge, please call the 401(k) Savings Plan Call Center.

Pension Plan

Fully paid for by JPMorgan Chase, the Pension Plan provides you with a foundation for your retirement income. Your participation in the plan is automatic after you complete one year of total service. Your JPMorgan Chase Pension Plan benefit is expressed as a cash balance benefit that grows in a notional bookkeeping account over time through pay credits and interest credits, as described below.

- **Pay Credits:** Each month your account will be credited with a percentage of your Eligible Compensation, which is capped at \$100,000 annually. The pay credit percentage ranges from 3% to 5% of your Eligible Compensation depending on your completed years of “pay credit service” as shown in the chart below:

Completed Years of “Pay Credit Service”	Pay Credit Percentage
1-9	3%
10-19	4%
20 or more	5%

- **Interest Credits:** Your Pension Plan account balance also grows by receiving interest credits each month. The rate of the interest credit will be based on a one-year Treasury bill rate plus 1% – with a minimum interest credit rate of 4.5%.
- **Vesting:** You become 100% vested in (meaning you have the non-forfeitable right to) the value of your Pension Plan benefit after completing three years of total service.
- **Payment Options:** When you leave JPMorgan Chase, you have several payment options available to you. You can take your vested account balance in a single lump sum, roll it over to an Individual Retirement Account or another qualified plan, or elect to receive an annuity from the plan.

Employee Stock Purchase Plan

You are eligible to enroll in the plan during each annual enrollment period that occurs in the fourth quarter provided that you are a U.S. benefits-eligible employee and you were hired on or before September 30 and your Total Annual Cash Compensation is less than \$250,000. (For the definition of Total Annual Cash Compensation, please see the back cover.)

- **Payroll deductions:** Contributions are deducted on an after-tax basis from each paycheck based on your election of up to 20% of your Eligible Compensation per pay period. In addition, contributions (including reinvested dividends) are subject to a legal annual maximum share purchase of \$25,000 divided by the fair market value of JPMorgan Chase common stock on the first trading day of the year.
- **Purchase dates:** Stock purchases take place on the last day of March, June, September and December on which trading in JPMorgan Chase common stock is conducted on the New York Stock Exchange.

My Pension

Once you become eligible for the Pension Plan, you can go to the **My Pension** website for convenient access to information about your plan benefit. Go to **My Pension** from work or home via **My Rewards**:

- From work: **My Rewards** from the intranet
- From home: myrewards.jpmorganchase.com

Contact Information

If you have questions, call the accessHR Contact Center at 1-877-JPMChase (1-877-576-2427) or 1-212-552-5100 if calling from outside the United States. Representatives are available Monday through Friday, from 8 a.m. to 8:30 p.m. Eastern Time, except certain U.S. holidays.

- **5% Discount and no broker fees:** Your payroll deductions are used to purchase JPMorgan Chase common stock at a 5% discount without brokerage commissions or fees.
- **Dividends:** Active employees participating in the plan have the option to either have dividends reinvested in the plan at the 5% discounted rate or paid in cash. New participants will automatically have their dividends reinvested.
- **Understand the risks:** Participation in the Employee Stock Purchase Plan is optional and does carry risk, including potential loss of your investment due to market fluctuations. You decide whether or not to participate in the plan and the level of your participation. Before you elect to participate, carefully read the Employee Stock Purchase Plan Prospectus ([me@jpmc](#) > Benefits & Rewards > Employee Stock Purchase > Tools & Resources) for additional information on the rewards and risks of participation.
- **Once enrolled:** You can change the amount of your payroll deduction at any time, applicable for the next administratively feasible pay date. However, if you change your deduction amount to zero, it cannot be increased until you make an enrollment election during a subsequent annual enrollment.
- **Preclearance:** If you are subject to the firm-wide Personal Account Dealing Policy, you are required to preclear the sale of any shares of JPMorgan Chase acquired under the Employee Stock Purchase Plan via the iComply portal; however, there is no requirement at this time to obtain preclearance approval for enrolling, electing dividend reinvestment or changing contribution amounts in the Employee Stock Purchase Plan.

This document constitutes part of a prospectus covering securities that have been registered under the Securities Act of 1933.

Additional Programs/Services

As a complement to the benefits plans described in this brochure, JPMorgan Chase offers a variety of additional programs and services to help meet the diverse needs of our employees. Some of the programs that may be available to you include:

- Adoption Assistance
- Back-Up Child Care
- Business Resource Groups
- Career Management
- Short-Term Disability Plan
- Elder and Adult Care Program
- Emergency Financial Assistance
- Flexible Work Options
- Lactation Support
- Matching Gifts Program
- Time Off Policies (paid and unpaid)
- Tuition Assistance Program
- Volunteerism and Grants
- Work-Life Seminars
- JPMorgan Chase Health & Wellness Centers

For more information on these programs and services, please go to [me@jpmc](#).

Employee Financial Services

Employees are eligible for special savings and discounts on a variety of JPMorgan Chase financial products, such as checking and savings accounts, mortgages and home equity loans, and more. Military service personnel qualify for even more benefits. For more information, please go to the Employee Financial Services website.

Employee Discount Programs

As an active employee, you can also take advantage of discounts on:

- Arts and cultural events
- Fitness programs and equipment
- Full-time child care
- Travel

For more discount programs and further details, go to [me@jpmc](#) > Benefits & Rewards.

Your Privacy Is Important

The privacy of your health information is important to you and to JPMorgan Chase. You can be sure that your personally identifiable health information is protected and secure, and complies with privacy regulations, such as those outlined in the Health Insurance Portability and Accountability Act (HIPAA). Any personally identifiable health information, including Wellness Screening results and Wellness Assessment answers, is not shared with anyone, including JPMorgan Chase, without your authorization and except as permitted by HIPAA. Plus, while the JPMorgan Chase Health & Wellness Centers are staffed with nurses who are employed by the firm, as medical professionals, they cannot disclose your personal information to anyone outside the centers without your written permission.

Please note: *If you waive coverage in the JPMorgan Chase Medical Plan, you are eligible to receive Wellness Rewards paid to you through payroll after you complete certain activities such as a Wellness Screening and Wellness Assessment. If you choose to participate in these programs and receive these Wellness Rewards, JPMorgan Chase will designate a third party to administer the program (currently Cigna). Similar to the description above, if you choose to participate in the Wellness Activities, no personally identifiable health information will be shared with JPMorgan Chase.*

Additional Reminders

- **Enrolling During Your 31-Day New Hire Health Care and Insurance Plans Enrollment Period and Qualified Status Changes Throughout the Year.** If you do not elect coverage during your 31-day new hire Health Care and Insurance Plans enrollment period or any prehire enrollment period, you will not have coverage for the remainder of the year. Your next opportunity to enroll for coverage will be during an annual benefits enrollment period. You cannot change your health care company or payment method during the year even if you have a qualified status change. If you experience a qualified status change (such as marriage, divorce, or the birth or adoption of a child), you must make eligible benefits changes through the Benefits Web Center or by calling the accessHR Contact Center within 31 days of the qualifying event. If you miss the 31-day deadline, coverage for certain benefits (i.e., medical, dental, vision and the Health Care Spending Account) will be effective as of the date you call the accessHR Contact Center, and you may be required to pay for your coverage on an after-tax basis for the period prior to the date you first call the accessHR Contact Center in order to have retroactive coverage.
- **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 not in excess of these periods.
- **Medical Plan Post-Mastectomy Benefits.** All options under the JPMorgan Chase Medical Plan cover certain breast reconstructive benefits in conjunction with a mastectomy for eligible participants. 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 all 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.
- **HIPAA Privacy Rights and Protected Health Information.** Federal legislation under the Health Insurance Portability and Accountability Act (HIPAA) legally requires employers to periodically communicate how certain protected health information under employee and retiree health care plans may be used and disclosed, as well as how plan participants can get access to their protected health information.

Accordingly, JPMorgan Chase will make available a Privacy Notice of Protected Health Information Under the JPMorgan Chase Health Care Plans to you that describes in detail how your personal health information may be used and your rights with regard to this information. You can access a copy of this notice on **My Health**.

Appendix

Special Notice for Employees Who Have Been Reinstated by JPMorgan Chase Within 31 Days

If your employment has been reinstated with JPMorgan Chase within 31 days of your termination date, your coverage for certain benefits under the JPMorgan Chase Benefits Program may be affected, as highlighted in the following chart:

Medical, Dental and Vision Plans	You and your dependents will be assigned the same coverage you had prior to your termination date.
Health Care Spending Account	Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.
Child/Elder Care Spending Account	Your previously elected annual contribution amount will be reinstated and prorated accordingly for the balance of the plan year.
Transportation Spending Accounts (Transit/Parking)	There are no reinstatement provisions for these accounts. You will need to make a new enrollment election.
Long-Term Disability (LTD) Plan	You will be assigned the coverage level you had prior to your termination date. Long-term disability benefits will not be paid if: <ul style="list-style-type: none"> • During the first 12 consecutive months of your coverage, you become disabled; and • You received treatment for that disabling condition during the six months before your most recent coverage effective date. <p>Please note: The 12 months of coverage will be reviewed based on the date you were reinstated.</p>
Supplemental Term Life (STL) Insurance Plan	You and your dependents will be assigned the same coverage amount in effect prior to your termination date.
Accidental Death and Dismemberment (AD&D) Insurance Plan	You and your dependents will be assigned the same coverage amount in effect prior to your termination date.
Group Personal Excess Liability Insurance Plan	You will be assigned the same coverage amount in effect prior to your termination date.
Group Legal Services Plan	You will be assigned the same coverage amount in effect prior to your termination date.
401(k) Savings Plan	Your contribution rate and investment elections (if any) will be reinstated as of your first pay period.

Please note:

- Any assigned coverage cannot be changed unless you experience a qualified status change. For more information, please see the **Benefits Status Change Guide** on **My Health**.
- If you are rehired after 31 days of your termination date, you will need to make new benefits elections for most plans in which you would like to participate.
- In all cases, the period during which you are not working will result in a break in coverage (unless you elect coverage through COBRA or plan portability features, as applicable).

Important Definitions

Throughout this brochure, there are references to terms such as “Annual Incentive Compensation,” “Eligible Compensation,” “pay credit service,” “Total Annual Cash Compensation” and “total service.” These terms are used to determine eligibility for benefits, benefits contributions and/or coverage levels under certain benefits plans. The definitions below describe these terms.

Annual Incentive Compensation

Annual Incentive Compensation is cash compensation, if any, awarded under the firm’s Performance-Based Incentive Plan (generally paid in January) or Branch Profitability Incentive Plan (generally paid in February).

Eligible Compensation for the 401(k) Savings Plan and the Pension Plan

Eligible Compensation includes base salary/regular pay and annual and non-annual cash incentives. Eligible Compensation does not include overtime payments, sign-on bonus and similar awards, referral awards, stipends, non-cash awards (such as equity awards) and allowances.

Eligible Compensation for the AD&D Plans and Employee Stock Purchase Plan

Generally your base salary/regular pay, plus applicable job differential pay (e.g., shift pay). It does not include any annual bonus, overtime, special recognition or other incentive awards you might receive. In certain situations, your Eligible Compensation may include other cash earnings (e.g., commissions, draws and overrides) paid under certain non-annual incentive plans that provide compensation in lieu of base salary. Generally, your Eligible Compensation is updated as changes occur throughout the year. **Please note:** Various JPMorgan Chase plans have different definitions of Eligible Compensation. Separate definitions may apply to employees in certain sales positions who are paid on a draw-and-commission basis.

Ongoing Compensation for the 401(k) Savings Plan

Your base salary/regular pay, plus applicable job differential pay (e.g., shift pay) and non-annual incentive compensation. Non-annual incentive compensation includes cash incentives that are paid throughout the year, such as sales awards and monthly and quarterly incentives. Ongoing Compensation also includes any cash incentives paid annually other than Annual Incentive Compensation (as defined above).

Pay Credit Service

Generally the period beginning on your first business day actively at work as an employee of JPMorgan Chase or an affiliate and ending when your employment ends.

Service with a company at the time of its merger generally counts toward pay credit service. However, only service with the company employing you at the time of the merger will generally count. (In other words, if you worked for two companies that later merged, only service with the company employing you on the merger date will be recognized.) Service with a company at the time of its acquisition may or may not count toward pay credit service, depending on the terms of the purchase agreement and the plan.

For a full definition of pay credit service, please see **JPMorgan Chase U.S. Retirement Savings Program – Cumulative Service/Pay Credit Service Definition** on me@jpmc > Benefits & Rewards > Legally-required Notices.

Total Annual Cash Compensation

Your annual rate of base salary/regular pay plus any applicable job differential pay (e.g., shift pay) as of each August 1, plus any cash earnings from any incentive plans (e.g., annual incentive 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 your eligibility to receive company matching contributions under the 401(k) Savings Plan, the Medical Plan contribution pay tier level that applies to you, coinsurance maximum, Long-Term Disability Plan coverage and eligibility to participate in the Employee Stock Purchase Plan, your Total Annual Cash Compensation is recalculated as of each August 1 to take effect the following January 1 and will remain unchanged throughout the year. For most employees, Total Annual Cash Compensation will be equal to your annual rate of base salary/regular pay plus job differentials in the year of hire. Your Total Annual Cash Compensation will be available on the Benefits Web Center via **My Health** > Benefits Web Center > Your Profile > Personal Information > Personal Details. Separate definitions may apply to employees in certain sales positions who are paid on a draw-and-commission basis. If this applies to you, you will be notified in writing.

Total Service

Generally the period beginning on your first business day actively at work as an employee of JPMorgan Chase or an affiliate and ending when your employment ends. This generally includes all periods of employment with JPMorgan Chase or any of the merged companies that have become part of JPMorgan Chase.