Thrive & shine

Get the most from your 2022 health benefits

aetna®

What you need, wherever you are

We put you at the heart of everything we do.

- Making quality care more affordable, accessible and simple
- Delivering care into people's lives, homes and neighborhoods
- Offering more ways to help people get well and stay well in body, mind and spirit

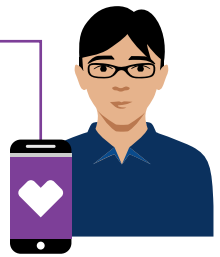
At Aetna®, part of the CVS Health® family, our purpose is clear.

Helping people on their path to better health.

We put you first

Support how and when you want it

Seamlessly connect with care and manage your benefits — at home or on the go.



Aetna Concierge

Health care is personal and full of tough questions. Call one number for all of your needs, **1-800-468-1266 (TTY: 711)**, Monday through Friday, 8 AM to 8 PM local time.

PayFlex® website and app

The PayFlex website and app give you control and flexibility to manage your Medical Reimbursement Account (MRA), Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA) in real time. Visit **PayFlex.com** or download the app.

Aetna Health℠ app and Aetna® member website

Keep up with your health, track your benefits, access your medical ID card and more, at home or on the go. Once you're a member, register at **Aetna.com** or text **AETNA** to **90156** for a link to download the app and create an account.*

*Terms and conditions: **aet.na/Terms**. Privacy policy: **Aetna.com/legal-notices/privacy.html**.

Know your network

Check to see if your providers are in our network.

A network is a group of health care providers. It includes doctors, specialists, dentists, hospitals, surgical centers and other facilities. In-network providers charge lower rates. You can search for in-network doctors, labs, urgent care centers, hospitals and more at **Aetna-JPMC.com/Simplified**. Or use the Aetna Health℠ app to find providers on the go.

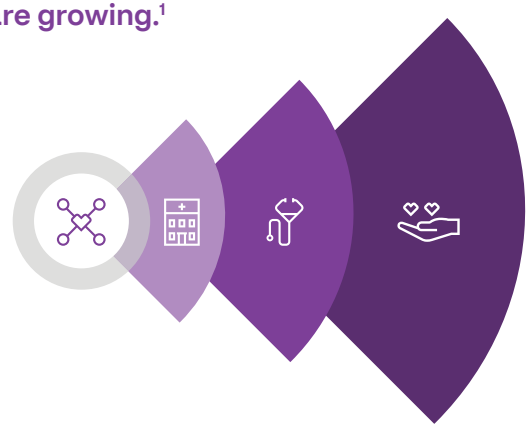
High-performing facilities

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

- **Institutes of Excellence™** for transplants, rare conditions and more
- **Institutes of Quality®** for bariatric, heart and spine surgeries, and knee and hip replacements
- **National Medical Excellence Program®** for organ transplants, rare diseases and heart surgery for children

The Aetna® networks in Arizona and Ohio are growing.[1]

	ARIZONA	OHIO
Hospitals	155	383
Primary care providers	5,058	11,207
Specialists	25,747	55,199



[1] As of July 31, 2021.

Continue your current treatment

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

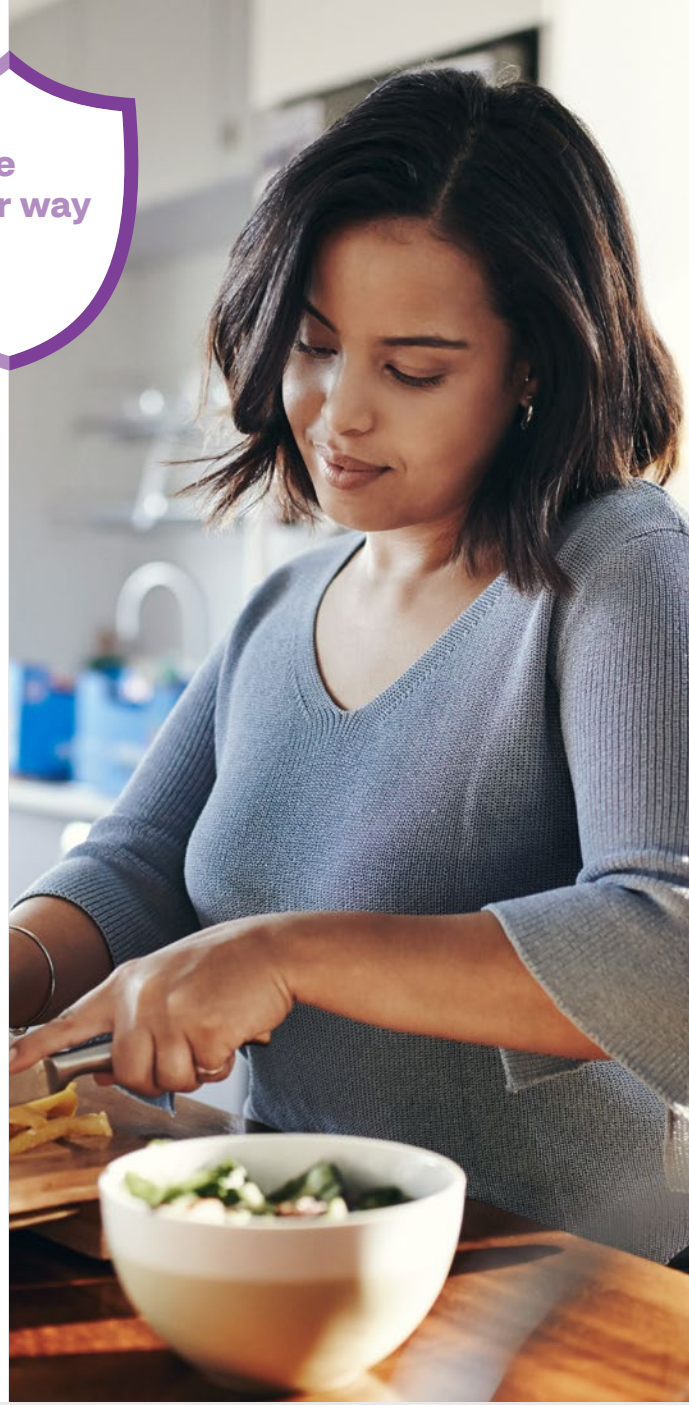
Some situations that may qualify for transition of care include:

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

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

Care for the whole you

Care your way



Get quality medical care in the way that works best for you. You'll have a variety of in-person and virtual options for your physical and mental health.

Primary care physician (PCP)

Your PCP knows you and your health history. They provide annual physicals and vaccines, diagnose, and treat problems. Many PCPs now offer telehealth visits and after-hours appointments. Talk to your doctor about your options.

Virtual care with Teladoc®

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

- **Non-emergency medical care 24/7**, for things like colds, flu, allergies and urinary tract infections
- **Mental health counseling by appointment**, for things like addiction, depression, anxiety or family difficulties

Visit **Teladoc.com/Aetna**, call **1-855-TELADOC (1-855-835-2362)** or download the **Teladoc app**.

Fertility support

WINFertility nurses help you select a high-quality provider, understand your treatment options, and provide clinical and emotional support. Call **1-833-439-1517** to enroll with WINFertility and unlock your higher infertility benefit.

Emotional and behavioral health

Staying healthy is more than just taking care of your physical body. Taking care of your mental health is just as important. It's part of caring for the whole you. No matter what you're facing — a mental health condition, a parenting challenge or a few tough weeks — you're not alone. Connect with someone, find community support or learn more on your own to feel better, sooner.

When you're ready, log in at **AetnaBehavioralHealth.com** or call your Aetna Concierge.

No-cost preventive care

Preventive care, such as an annual checkup, routine colonoscopy or vaccines, help to avoid health problems or catch them early when they are usually easier to treat. You pay nothing for preventive care if you stay in network. Learn more about **preventive care**.

Compare and decide

The chart below shows your JPMC Simplified medical plan options for 2022.

Know the basics

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

JPMC Simplified medical plans	Option 1				Option 2			
	TACC[1]: <$60k		TACC: $60k+		TACC: <$60k		TACC: $60k+	
	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Deductible								
Employee-only coverage	None	$2,000	None	$2,000	None	$4,000	None	$4,000
Employee + 1 coverage (spouse/DP or children)		$3,000		$3,000		$6,000		$6,000
Family coverage (employee + spouse/DP + children)		$4,000		$4,000		$8,000		$8,000
Medical copays								
Preventive care	Free	$60	Free	$60	Free	$60	Free	$60
Primary care office visit (PCP, pediatrician, ob/gyn)	$15	$60	$15	$60	$15	$60	$15	$60
Virtual doctor visit	$15	N/A	$15	N/A	$15	N/A	$15	N/A
Outpatient therapy for mental health and substance use	$15	$60	$15	$60	$15	$60	$15	$60
Lab	$20	$60	$20	$60	$35	$60	$35	$60
Physical therapy, speech therapy & occupational therapy	$25	$80	$25	$80	$35	$80	$35	$80
Chiropractic visit	$50	$100	$50	$100	$50	$100	$50	$100
Standard radiology (for example, X-ray, ultrasound, sonogram)	$50	$200	$75	$200	$75	$200	$75	$200
Urgent care visit	$50	$200	$100	$200	$75	$200	$100	$200
Specialist office visit	$75	$350	$100	$350	$110	$350	$110	$350
Outpatient procedure/surgery	$300	$1,500	$500	$1,500	$600	$1,500	$800	$1,500
Durable medical equipment (DME)	$100	$300	$100	$300	$100	$300	$100	$300
Advanced imaging (CT/MRI) – per service	$250	$1,000	$250	$1,000	$350	$1,000	$350	$1,000
Ambulance — per ride	$250, no deductible				$250, no deductible			
Emergency room (ER) visit[2]	$500, no deductible		$800, no deductible		$750, no deductible		$900, no deductible	
Inpatient admission	$1,000/day	$3,000/day	$1,000/day	$3,000/day	$1,250/day	$3,000/day	$1,250/day	$3,000/day
Prescription drug copays[3]	**Traditional**		**Specialty[4]**		**Traditional**		**Specialty**	
Preventive generic	Free	Contact CVS Caremark®	Free	Not covered	Free	Contact CVS Caremark	Free	Not covered
Non-preventive generic	$10		$100		$15		$125	
Preferred brand name	$75		$150		$125		$200	
Non-preferred brand name	$150		$200		$250		$250	
Mail-order 90-day supply	2x retail copays above (out of network not covered)							
Out-of-pocket maximum (medical + prescription drug, includes deductible where applicable)								
Employee-only coverage[5]	$2,500	$10,000	$4,000 | $5,500[6]	$10,000	$5,500	$12,000	$7,500	$12,000
Employee + 1 coverage (spouse/DP or children)	$4,000	$16,000	$6,500 | $8,500[6]	$16,000	$8,500	$19,000	$11,500	$19,000
Family coverage (employee + spouse/DP + children)	$5,500	$22,000	$9,000 | $12,000[6]	$22,000	$11,500	$26,000	$16,000	$26,000

[1] TACC = total annual cash compensation
[2] For non-emergencies, higher copays apply.
[3] Retail 30-day supply, unless otherwise indicated.
[4] Specialty drugs are a smaller group of drugs that generally treat more complex medical conditions and are generally not available at the majority of pharmacies.
[5] Also represents the out-of-pocket maximum for any individual covered member.
[6] Corresponds to TACC of $60-150k | $150k+

Plan, save and pay

Be in the know

Stretch your health care dollars.

> Medical Reimbursement Account (MRA)

Your MRA is funded by JPMorgan Chase when you and your covered spouse/domestic partner complete wellness activities. You cannot contribute to the MRA. MRA funds can only be used to pay for eligible medical and prescription drug expenses and are used before the Health Care Spending Account (HCSA) for these expenses.

For details on how to earn MRA funds, visit MyHealth.

> Two spending accounts

You can also sign up for one or both of these spending accounts that you contribute to and spend tax free:

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

> Manage your accounts through PayFlex®

You'll manage your MRA and spending accounts through PayFlex, an Aetna® company. Log in to your Aetna website once you're a member and look for the PayFlex link.

During annual enrollment, you'll decide how you want to access the funds in your MRA and HCSA.

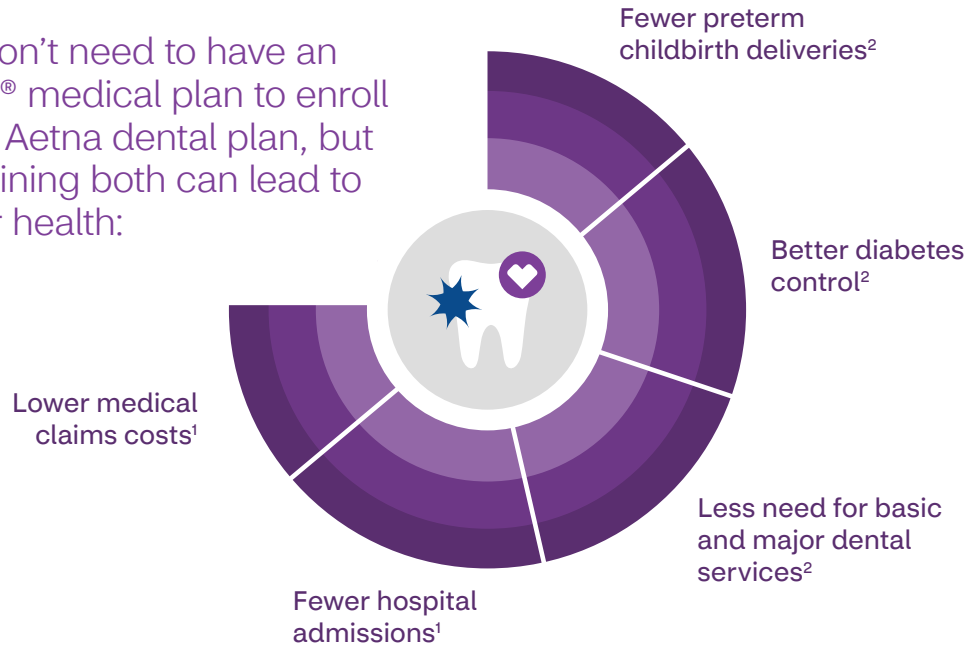
Choose either:

- **Auto Pay to Provider** — funds from your MRA and then HCSA (if you have one) are automatically used to pay your portion of medical care and prescription costs until funds run out.
- **Debit card** — use your PayFlex Card® to pay for eligible expenses directly.

A reason to smile

During annual enrollment, you can also sign up for the Aetna Dental® DMO® plan, with access to nearly 125,000 network dentists.

You don't need to have an Aetna® medical plan to enroll in the Aetna dental plan, but combining both can lead to better health:



[1] Ongoing, statistically valid analysis of Aetna Dental/Medical Integration℠ program customers. Aetna Informatics, 2010–2018.

[2] 2017 statistically valid study of Aetna clients with continuous dental coverage from 2013 through 2015 with and without dental care. Client demographics in age, geography, risk score, dental and medical plan design, and comorbidities were nearly identical.

Find network dentists

To see if your current dentist is in our network, visit **Aetna-JPMC.com/Simplified** or log in at **Aetna.com** if you're already a member. You can also call **1-800-843-3661 (TTY: 711)** to find network dentists or for more information.

Support to stay healthy

Your health plan does more than pay claims. It's also about your overall health and well-being.

24-Hour Nurse Line
Talk with a registered nurse about a health condition or an upcoming test or procedure.

Virtual doctor visits 24/7/365
Connect with a licensed doctor by phone, video or app.

Behavioral and mental health support
Connect with care and resources for your emotional and mental well-being, in person or via phone or video.

Maternity support
Enjoy extra support for a healthy pregnancy right from the start.

Aetna In Touch Care℠ program
Get personal attention for your chronic condition to stay healthy and achieve your goals.

Online cancer support center
Find information on everything from routine screenings to resources for patients and families.

FACT (Family Advocacy Care Team)
Work with a personal advocate if your child has a special need, such as autism or a behavioral health issue.

Centers of Excellence
Access high-performing facilities for bariatric surgery, transplants, specialty surgery, rare conditions and substance abuse.

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

Aetna® makes it easy

1 Enroll
Sign up with Aetna during your annual enrollment.

2 Receive
If you're new to Aetna or switched plans, look for your ID card in the mail shortly after you enroll.

3 Connect
Get the most from your plan and the programs and resources that come with it by following the steps below.

Put your Aetna member ID card in your wallet, or store a digital copy in the mobile wallet on your smartphone.

Your Aetna ID card was mailed shortly after you enrolled.

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

Register for your member website at Aetna.com.

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

To register, visit **Aetna.com** and select **"Login"** to get started.

Register for your PayFlex® account online.

PayFlex, an Aetna company, helps manage your MRA and your HCSA and DCSA, if elected.

To access your PayFlex account, log in to your member website at **Aetna.com** and look for the PayFlex link. The first time you do, you'll create a profile and register your account using your JPMorgan Chase Standard ID (SID) and debit card number (if you have one). Once you're registered, access your account anytime by logging in at **PayFlex.com** or **Aetna.com**.

During enrollment, if you chose:

- **Auto Pay to Provider (automatic claims payment):** There's nothing more you need to do.
- **Debit card:** If you already have a PayFlex debit card, continue to use it in 2022. If not, you'll receive a new card. Call the number on the card to activate it. Enter your card number and PIN, which is the last four digits of your SID.

Set up Teladoc® — virtual doctor visits.

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

Doctors are available 24/7/365 for non-emergency medical issues. Mental health providers, such as a counselor, therapist or psychiatrist, are available by appointment.

To register, go to **Teladoc.com/Aetna**, call **1-855-TELADOC (1-855-835-2362)** or download the **Teladoc app** on your mobile device.

Once you use your plan

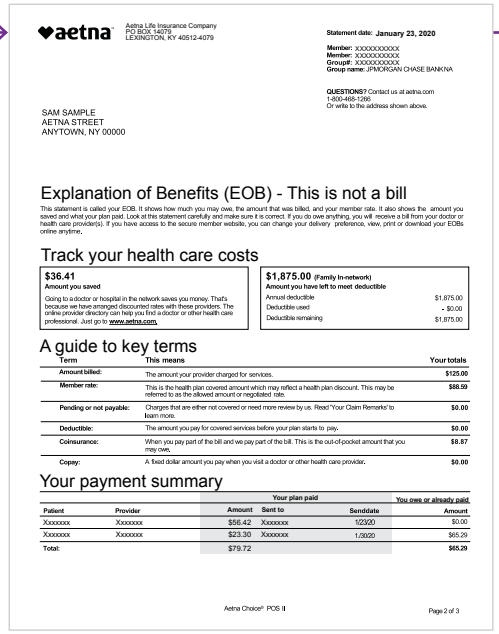
After you use your plan, you'll receive an Explanation of Benefits (EOB).

It's a document that shows details of claims that are processed over a short span of time. These are typically sent monthly. We like to show claims that occur together to give a full view of charges and health plan payments. If there's a delay in receiving your EOB, it might be because of this.

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

Your EOB will show:

- **The amount you saved** by using a network provider
- **The amount you have left** to meet your yearly plan limits
- **Definitions** of commonly used terms
- **Detailed information** about any payments made for the claims on the EOB
- **What you may owe** or have already paid
- **Notes or details** about your claims
- **A summary of your MRA and/or HCSA balances** for the plan year



aetna

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

Statement date: January 23, 2020

Member: XXXXXXXXXX
Member: XXXXXXXXXX
Group#: XXXXXXXXX
Group name: JPMORGAN CHASE BANKNA

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

SAM SAMPLE
AETNA STREET
ANYTOWN, NY 00000

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

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

Track your health care costs

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

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

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

A guide to key terms

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

Your payment summary

		Your plan paid			You owe or already paid
Patient	Provider	Amount	Sent to	Sent date	Amount
Xxxxxxx	Xxxxxxx	$56.42	Xxxxxxx	1/2/20	$0.00
Xxxxxxx	Xxxxxxx	$23.30	Xxxxxxx	1/30/20	$65.29
Total:		$79.72			$65.29

Aetna Choice® POS II

Page 2 of 3

Access anytime

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

Know the terms

Here are common health insurance terms you'll see throughout this guide. Knowing the differences between these can help you feel confident you're choosing the plan that's right for you.

> Claim
A request from a provider to be paid by a health plan for health services given. An example would be the claim your doctor sends your health plan for an office visit.

> Copay
The amount you pay for covered medical services or prescription drugs.

> Covered
When a health care service is included in your plan benefits. Check your plan documents for these details.

> Explanation of Benefits (EOB)
Similar to a credit card statement from your health plan. It highlights charges, payments and any balances that may be owed. EOBs are available when you log in at **Aetna.com** and can also be mailed to you.
Learn more on page 11.

> Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. To search the network, log in at **Aetna.com** if you're already a member, or visit **Aetna-JPMC.com/Simplified**.

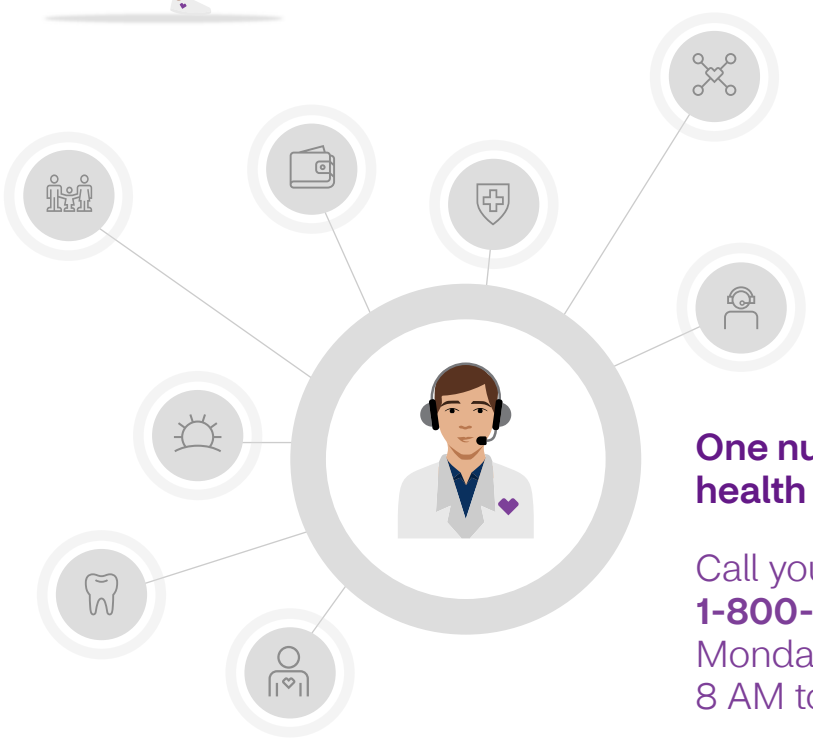
> Out of network
A provider or facility that doesn't have a contract with your health plan. If you choose a doctor or other health care provider that is out of network, your plan may or may not pay some of that bill. Choosing an out-of-network doctor or facility will cost you more.

> Out-of-network deductible
The amount you must pay for covered services received outside the network before your plan starts to pay.

> Out-of-pocket maximum
The most you pay each year for covered medical and prescription drug expenses. Once you hit your limit, you are no longer responsible for copays.

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

We're here for you.



One number for all of your health care questions

Call your Aetna Concierge at **1-800-468-1266 (TTY: 711)**, Monday through Friday, 8 AM to 8 PM local time.

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

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