Ready to go

Get the most from your 2022 health benefits
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.

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

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

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.*

PayFlex® app and website
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.


Support & access
The network Care options Medical plans MRA & spending accounts Dental plan Programs & resources Getting started

Questions? Call your Aetna Concierge at 1-800-468-1266 (TTY: 711), Monday through Friday, 8 AM to 8 PM local time.
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. 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® network is vast and growing.¹ See what it has to offer.

5,700+

hospitals

700,000+

primary care doctors and specialists

1.2 million

health care providers


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.

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

Care for the whole you

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.

Questions? Call your Aetna Concierge at 1-800-468-1266 (TTY: 711), Monday through Friday, 8 AM to 8 PM local time.
# Compare and decide

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

**2022 medical benefits provisions**

<table>
<thead>
<tr>
<th>2022 medical benefits provisions (that is, what the employee pays)</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In network</strong></td>
<td><strong>Out of network</strong></td>
<td><strong>In network</strong></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total annual cash compensation: under $60,000</td>
<td>$1,000/$1,875/$2,750*</td>
<td>$2,750/$4,125/$5,500*</td>
</tr>
<tr>
<td>Total annual cash compensation: $60,000 and over</td>
<td>$1,750/$2,625/$3,500*</td>
<td>$2,750/$4,125/$5,500*</td>
</tr>
<tr>
<td><strong>Coinsurance max (excludes deductible and Rx)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total annual cash compensation: under $60,000</td>
<td>$1,000/$1,500/$2,000*</td>
<td>$6,000/$8,000/$12,000*</td>
</tr>
<tr>
<td>Total annual cash compensation: $60,000–$149,999</td>
<td>$1,500/$2,250/$3,000*</td>
<td>$6,000/$8,000/$12,000*</td>
</tr>
<tr>
<td>Total annual cash compensation: $150,000+</td>
<td>$2,250/$3,375/$4,500*</td>
<td>$3,050/$4,575/$6,100*</td>
</tr>
<tr>
<td><strong>Coinsurance levels</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care</td>
<td>Free</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Primary care office visit (PCP, pediatrician, ob/gyn)</td>
<td>10%; not subject to deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Virtual doctor visit</td>
<td>10%; not subject to deductible</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Other medical costs (hospitalization, labs, etc.)</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Emergency care</td>
<td>20% after deductible (50% after deductible for non-emergencies)</td>
<td></td>
</tr>
</tbody>
</table>

**Prescription drug benefits**

Deductible and coinsurance maximum vary based on total annual cash compensation. Prescription drug benefits are managed by CVS Caremark®.

*Benefits coverage tiering: Employee / Employee + spouse/domestic partner or child(ren) / Employee + spouse/domestic partner + child(ren)
Plan, save and pay

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. Fewer preterm childbirth deliveries
2. Better diabetes control
3. Lower medical claims costs
4. Fewer hospital admissions
5. Less need for basic and major dental services
6. Fewer hospital admissions

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.

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

**Don’t forget:** To qualify for Wellness Rewards, telephone coaching must be completed by December 30, 2021.

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

   - 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.

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

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.

> **Coinsurance**
The percentage of the bill you pay after you meet your deductible. After you have paid your deductible in full, you pay only a percentage of your health care expenses — your health plan pays the rest. The most you will pay in coinsurance is known as your coinsurance maximum.

> **Covered**
When a health care service is included in your plan benefits. Some services are covered before you meet your deductible, while others might be covered only after you’ve met your deductible. Check your plan documents for these details.

> **Deductible**
The amount you pay out of pocket for covered services before your plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After paying your deductible, you contribute toward coinsurance for some covered services.

> **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.

> **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-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 coinsurance.

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.

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